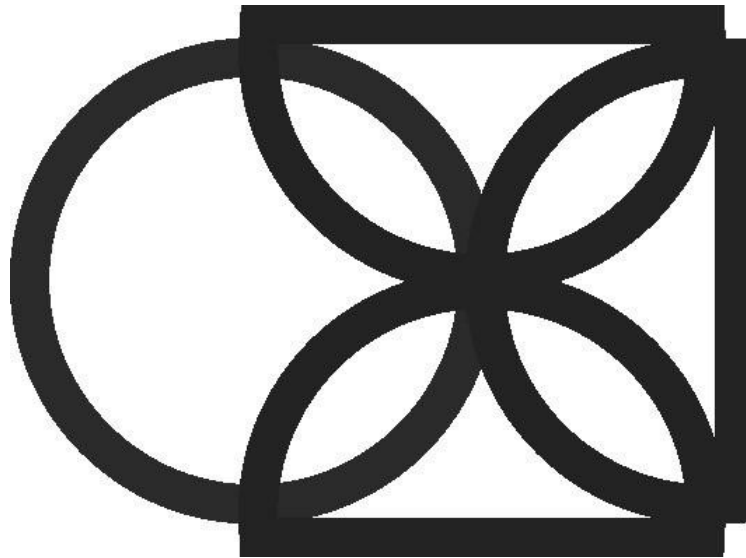


Saginaw County Community Mental Health Authority (SCCMHA)

Network Services Provider Manual




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April Update
Fiscal Year 2024

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised									
563	09.04.05.01	Entry and Uploading of Credentials, Privileges, and Certifications into Sentri II	Updated Standard G: Provisional approval will not exceed 120 days (previously was 150 days). G. In each process, the Credentialing Coordinator then reviews the documentation submitted to ensure compliance for all credentials, and certifications submitted per the staff type. Credentialing Coordinator then submits the application to the appropriate member of the Credentialing Committee for verification of provisional approval until a final review occurs from the Credentialing Committee. This provisional approval will not exceed 120 days.	3/12/2024									
570	09.04.05.02	Tracking of Credentials for Staff Electronic Signatures	Review only.	3/12/2024	X	X	X	X	X	X	X	X	X
575	09.04.05.03	Privileging of Practitioners in Evidence-Based Practices	Updated exhibit.	3/15/2024		X		X	X			X	
582	09.04.05.04	Insurance Credentialing of Fully Licensed Clinical Staff	Minor changes that do not affect the network.	3/14/2024					X				
594	09.04.05.05	Enrollment in CHAMPS	Review only.	3/12/2024				X	X				
608	09.04.05.06	Applying for your NPI Number or Updating your NPI with NPPES/CMS	Review only.	3/12/2024		X		X	X			X	
635	09.04.05.07	Tracking and Credentialing for Student Interns	New to the Provider Manual.	3/12/2024	X	X	X	X	X	X	X	X	X
N/A	Booklets and Brochures - No Updates												

Tab 2

Eligibility & Care Management

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

Purpose:

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

Policy:

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

Application:

SCCMHA and Primary SCCMHA Network Providers.

Standards:

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

Definitions:

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

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

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

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

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

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

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

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

PIHP and SCCMHA as CMHSP. The term expresses eligibility for services and enrollment in the PIHP and CMHSP service system.

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

Active Member Status: A member record is considered active following an initial request for service. The BH-TEDS data set is initiated at the time of the initial assessment. Claims may be paid for services provided to an active member if the provider has completed the data set (demographics in Sentri) and assessment of consumer’s ability to pay.

Closed/Discharged Member Status: A consumer’s record shall be “closed” upon the planned or unplanned cessation of services. The record status should be changed in Sentri within two weeks of confirmation of the consumer’s intent to terminate service.

Transferred Member: An active consumer is moved to another SCCMHA contracted provider within the SCCMHA network.

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

References:

- Health Insurance Portability and Accountability Act of 1966
- Michigan Department of Health and Human Services Specialty Supports and Service.
- Mid-State Health Network Contract 2024 as updated
- Contracts for PHP’s and CMHSP’s 2024, as amended
- SCCMHA Policy Eligibility Criteria
- Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) FY2024

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
<p>Member Enrollment</p> <p>1. The SCCMHA Central Access & Intake Department shall enroll members upon elective request for services by the primary</p>	<p>1-4 Executive Director of Clinical Services and Programs</p>

<p>consumer or their guardian. Member enrollment services shall be provided by telephone or walk-in request 24/7.</p> <ol style="list-style-type: none"> 2. Enrollment will not be made for persons upon the request of family or friends other than guardians nor upon the request of agencies. 3. Enrollment requires the voluntary request of the consumer or their guardian unless the person is presented by a police officer who has the individual in protective custody or under the order of the Probate Court. 4. SCCMHA member enrollment procedures will include the verification of the consumer's enrollment status with Medicaid or Healthy Michigan qualified health plans. <p>Enrollment Non-Discrimination</p> <ol style="list-style-type: none"> 1. Acceptance of individuals for enrollment shall be open to eligible persons in the order in which they apply without restriction up to the limits set in the MDHHS contract. 2. SCCMHA shall not discriminate on the basis of health status or need for health care services in the enrollment of individuals. 3. SCCMHA shall not discriminate on the basis of race, color, or national origin and will not use any policy or practice which has the effect of discriminating on the basis of race, color or national origin. <p>Unique Consumer Identification</p> <ol style="list-style-type: none"> 1. The SCCMHA Central Access & Intake Department shall issue a unique consumer identification number upon member enrollment. 2. The number shall be issued to the consumer by legal name. The consumer name shall be recorded in the SCCMHA database as it is in the Medicaid or MiChild enrollee record if such exists. 	<p>1-3 Chief of Network Business Operations</p> <p>1-5. Executive Director of Clinical Services and Programs</p>
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3. Enrollment shall not be given to persons under an assumed name or alias, although such names may be documented in the record if provided by the consumer.
4. The SCCMHA member enrollment procedure shall establish the uniqueness of the consumer identity with three data points: consumer name, date of birth and social security number.
5. If a second case number is accidentally issued to a consumer, notification shall be made to the Entitlement Supervisor to review and merge the records.

Case Service Status:

1. Case Service Status shall be expressed as Active (Open) or Closed. "Inactive" status will not be used in the SCCMHA information system.
2. When a consumer is received into any network provider for assessment, the BH-TEDS data set and ability to pay assessment shall be completed and directly entered into the SCCMHA member record or shall be entered into the SCCMHA consumer demographic data collection tool.
3. Each provider shall establish a record status of "Active" (Open) and "Closed". A case status report shall be furnished by the provider upon request for random selection of active and closed cases for review by MSHN and SCCMHA auditors.
4. No service should be provided to a consumer whose case status is Closed. To re-initiate services for a consumer whose case service status has been closed for 90 days or more, Central Access & Intake Department must be notified in order to verify eligibility by completing a new screening. If consumer is found eligible for services, consumer will be re-opened to the appropriate service. Provider must refresh the quality demographic data set and ability to pay assessment before providing the requested service.

1-7. Executive Director of Clinical Services and Programs and Primary Provider administrators

5. Case status reports may also be requested for utilization management reviews or other quality, compliance or accreditation functions.
6. A case status of Closed shall be entered in the record within two weeks of confirmation of the consumer's intent to terminate services. Supervisors are required to sign off on all discharges within 7 days.
7. Case status designation must be administered or reviewed at a supervisory or administrative level at each provider location. This administrative oversight shall ensure administrative accountability for consumer's eligibility for services and agency adherence to Medicaid Fair Hearing Adequate and Advance Notice requirements.

1-4. Chief of Network Business Operations

Disenrollment:

1. SCCMHA shall not request member disenrollment for reasons other than those permitted under the MDHHS Supports and Specialty Services Contract.

SCCMHA shall not disenroll any member for reasons related to an adverse change in the enrollee's health status, or because of the enrollee's utilization of services, or their diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs.

2. SCCMHA is not a voluntary enrollment program; it is a mandatory enrollment program at the Supports and Specialty Services Contract level. Further, enrollees do not have a plan choice at this level. Change of residency out of the service area is the only reason a member may disenroll from the SCCMHA Specialty Supports and Services program.
3. Enrollee disenrollment rights for the following reasons (with cause) are addressed through Medicaid Fair Hearing, Local Dispute Resolution, Non-Panel provider provisions,


<p>Person Centered Planning and Self Determination consumer directed purchase of service options.</p> <ol style="list-style-type: none"> i. Service restriction due to PHP limitation on requested service due to moral or religious objections. ii. Enrollee needs a group of related services, not all of which are available through the SCCMHA network. iii. Other reasons such as poor quality of care, lack of access to covered services under the contract, or lack of access to providers experienced in dealing with the enrollee's health care needs. <p>4. SCCMHA will automatically adjust member fund source based on Medicaid or Healthy Michigan beneficiary status, as SCCMHA is both the delegated manager of the Medicaid Managed Care Supports and Specialty Services for MSHN and the CMHSP Contractor for Saginaw County.</p> <p>Enrollment with SCCMHA does not change based on beneficiary status with Medicaid or Healthy Michigan</p> <p>Assignment:</p> <ol style="list-style-type: none"> 1. Each consumer whose case service status is Active or Open shall be assigned to a mental health professional who serves as a primary worker. In the SCCMHA provider system, this person's name shall be entered in the case holder field. This designation does not imply the provision of case management services per se, only that the named treatment team member is the lead professional who is responsible for the medical record. 2. The assignment of a consumer to a mental health professional allows the consumer as well as others to have the name of an individual professional who can answer questions about the consumer's record and service status. The assigned worker is the person with primary accountability for the accuracy of the demographic BH-TEDS data. 	<p>1-3. Executive Director of Clinical Services and Programs and Primary Provider administrators</p>
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<p>Discharge of a Consumer from a SCCMHA Primary Team:</p> <ol style="list-style-type: none"> 1. Primary record holder initiates discharge planning by completing a discharge summary in Sentri and sending appropriate consumer notice. 2. Supervisor reviews and signs off on discharge plan within 7 days of discharge request by Primary record holder. 3. Care Management will monitor all consumers without any contact within 90 days and request reason for no activity from supervisors on a regular basis. 	<p>1-2 Chief Information Officer & Chief Quality and Compliance Officer</p>
<p>Use of Member BH-TEDS data in Treatment Payment and Operations (TPO)</p> <ol style="list-style-type: none"> 1. Individual Protected Health Information in the BH-TEDS data set may be used by SCCMHA for treatment, payment and operations as allowed by the Health Insurance Portability and Accountability Act. 2. SCCMHA will contractually require Provider compliance with HIPAA regulations for Privacy in Protected Health Information maintenance, use and transmission. 	<p>1-4 Chief Information Officer & Chief Quality and Compliance Officer</p>
<p>BH-TEDS Data Integrity:</p> <ol style="list-style-type: none"> 1. The Quality Systems department shall make available the Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) for provider training and reference. 2. The Quality Systems and the Information Systems Departments shall ensure that all electronic data base fields in the SCCMHA information system or in data collection tools for the recording of BH-TEDS data elements are consistent with the current MDHHS definitions and coding requirements. 3. The Quality and Information Systems Departments shall monitor data for range errors and omissions and shall initiate needed periodic trainings, system level corrections or 	

<p>requests for correction by the assigned case managers.</p> <p>4. The Quality & Medical Records Supervisor or the Business Intelligence Coordinator will develop BH-TEDS data reports for the use in monitoring and editing the BH-TEDS data for consumers.</p> <p>The Provider shall establish a procedure for the periodic review of the BH-TEDS data, case status and assignment to ensure that it is current and accurate.</p>	
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Tab 4

**Service
Delivery**

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Dual Diagnosis Treatment Capacity	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.03.09.01
Effective Date: 5/7/14	Date of Review/Revision: 4/13/16, 6/13/17, 4/10/18, 4/9/19, 6/9/20, 4/11/21, 10/12/21, 9/27/22, 3/08/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 02.03.09.01 Co-occurring Disorders/Integrated Dual Disorder Treatment	
 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 generally experience 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 misuse 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 and 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 misuse/dependence treatment needs.
 - a. Ensure that services are medically necessary.
 - b. Strengthen discharge planning with “warm handoffs.”
 - c. Utilize electronic 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).
 7. *There is no single correct intervention for individuals who have co-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 misuse 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.
 - 1. 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.

Co-occurring Disorder (COD): 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.

Dual diagnosis capable (DDC): 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.

Dual diagnosis enhanced (DDE): Programs that have a higher level of integration of substance misuse and mental health treatment services and can provide unified substance misuse 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:

Integrated Screening: 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.

Integrated Assessment: 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.

Integrated Interventions: 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.

Substance-Induced Disorders: 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..

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

References:

- A. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5*. American Psychiatric Association. Washington, DC.
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Exhibits:

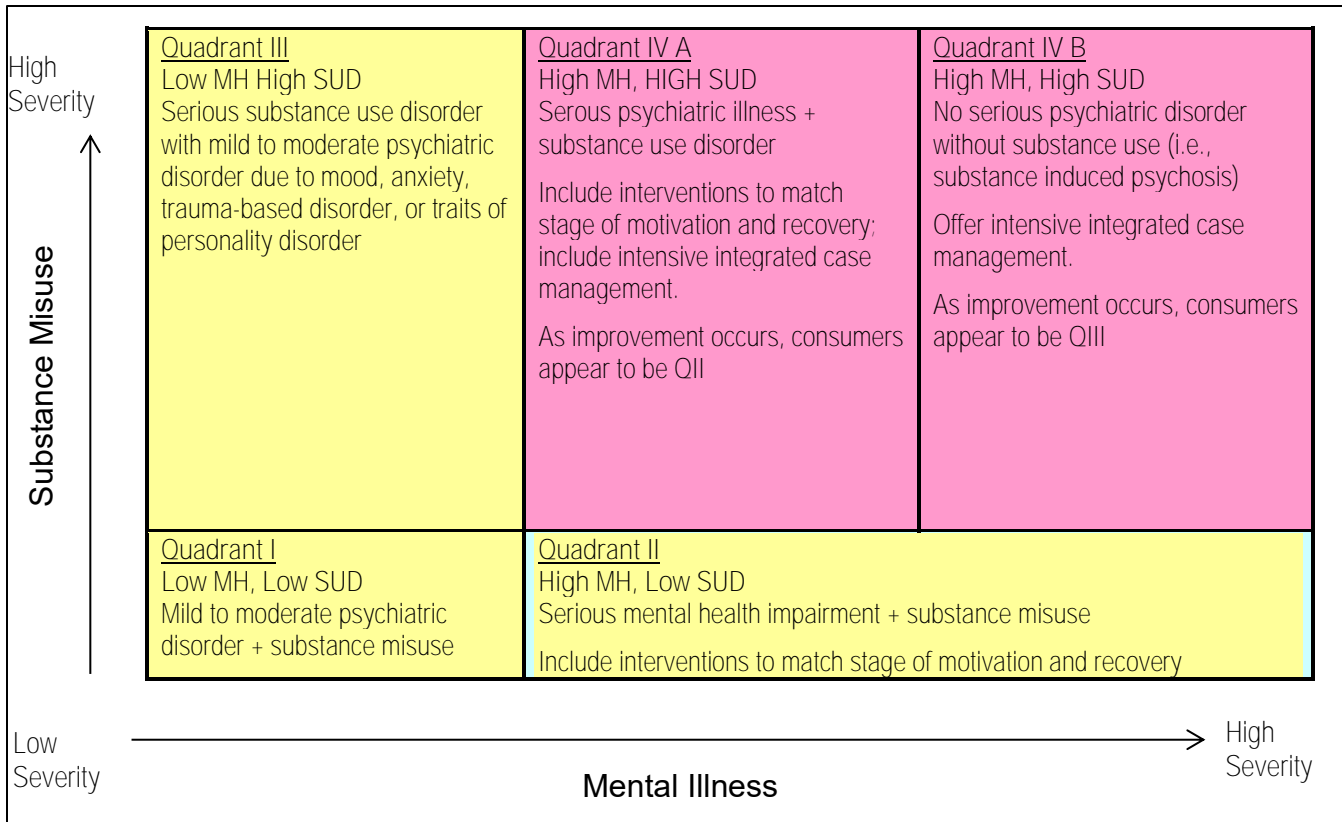
- A. Four Quadrant Model
- B. DDCMHT Rating Scale (SAMHSA)
- C. DDCAT Rating Scale (SAMHSA)
- D. SCCMHA Provider Network COD/Dual Diagnosis Capability Expectations
- E. Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools (MiFAST)

Procedure:

ACTION	RESPONSIBILITY
1. COD treatment services are provided in 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	1. IDDT Team Providers 2. MiFAST, SCCMHA EBP Leadership/Fidelity Monitoring Team, IDDT Supervisors

Exhibit A

Four Quadrant Model



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 misuse 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 misuse problems are included in the treatment regimen. An example of such collaboration might include interagency staffing conferences where representatives of both substance misuse 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 misuse 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

DDCMHT — 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

Primary focus of agency

Addiction treatment services
 Mental health (MH) services
 Mix of addiction & MH services
 General health services
 Hospital

Size of program

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
 Government operated
 Veterans Health Administration

Level of care

ASAM-PPC-2R (Addiction)
 I. Outpatient
 II. IOP/Partial Hospital
 III. Residential/Inpatient
 IV. Medically Managed Intensive
Inpatient (Hospital)
 OMT: Opioid Maintenance
 D: Detoxification

Mental Health

Outpatient
 Partial hospital/Day program
 Inpatient

Exclusive program/ Admission criteria requirement

Adolescents
 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

DDCMHT assessment sources

Chart Review;
 Agency brochure review;
 Program manual review;
 Team meeting observation;
 Supervision observation;
 Observe group/individual session;
 Interview with Program Director;
 Interview with Clinicians;
 Interview with clients (#: _____);
 Interview with other
service providers;
 Site tour.

Total # of sources used: _____

DDCMHT — Rating Scale

	1 – MHOS	2	3 – DDC	4	5 – DDE
I. Program Structure					
IA. Primary focus of agency as stated in the mission statement (<i>If program has mission, consider program mission</i>).	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

DDCMHT — Rating Scale

	1 – MHOS	2	3 – DDC	4	5 – DDE
<i>II. Program Milieu</i>					
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.
<i>III. Clinical Process: Assessment</i>					
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.

DDCMHT — Rating Scale

	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.
IIIF. Program 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.

DDCMHT — Rating Scale

	1 – MHOS	2	3 – DDC	4	5 – DDE
<i>IV. Clinical Process: Treatment</i>					
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 stage-wise treatments for both substance use and mental health disorders.

DDCMHT — Rating Scale

	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 prescribing in place. The 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.

DDCMHT — Rating Scale

	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 Care					
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.

DDCMHT — Rating Scale

	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.

DDCMHT — Rating Scale

	1 – MHOS	2	3 – DDC	4	5 – DDE
<i>VI. Staffing</i>					
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.

DDCMHT — Rating Scale

	1 – MHOS	2	3 – DDC	4	5 – DDE
<i>VII. Training</i>					
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).
VIIIB. 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).

DDCMHT — Scoring Summary

I. Program Structure

A. _____
 B. _____
 C. _____
 D. _____

Sum Total = _____
/4 = SCORE _____

II. Program Milieu

A. _____
 B. _____

Sum Total = _____
/2 = SCORE _____

III. Clinical Process: Assessment

A. _____
 B. _____
 C. _____
 D. _____
 E. _____
 F. _____
 G. _____

Sum Total = _____
/7 = SCORE _____

IV. Clinical Process: Treatment

A. _____
 B. _____
 C. _____
 D. _____
 E. _____
 F. _____
 G. _____
 H. _____
 I. _____
 J. _____

Sum Total = _____
/10 = SCORE _____

V. Continuity of Care

A. _____
 B. _____
 C. _____
 D. _____
 E. _____

Sum Total = _____
/5 = SCORE _____

VI. Staffing

A. _____
 B. _____
 C. _____
 D. _____
 E. _____

Sum Total = _____
/5 = SCORE _____

VII. Training

A. _____
 B. _____

Sum Total = _____
/2 = SCORE _____

**DDCMHT Index Program Category:
 Scale Method**

OVERALL SCORE
 (Sum of Scale Scores/7)

DUAL DIAGNOSIS CAPABILITY:

- MHOS (1 - 1.99) _____
- MHOS/DDC (2 - 2.99) _____
- DDC (3 - 3.49) _____
- DDC/DDE (3.5 - 4.49) _____
- DDE (4.5 - 5.0) _____

**DDCMHT Index Program Category:
 Criterion Method**

% CRITERIA MET FOR MHOS
 (# of "1" or > /35) _____ 100%

% CRITERIA MET FOR DDC
 (# of "3" or > scores/35) _____

% CRITERIA MET FOR DDE
 (# of "5" scores/35) _____

HIGHEST LEVEL OF DD CAPABILITY
 (80% or more) _____

Exhibit C: DDCAT Rating Scale

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

Primary focus of agency

- Addiction treatment services
- Mental health (MH) services
- Mix of addiction & MH services
- General health services
- Hospital

Size of program

- # 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
- Government operated
- Veterans Health Administration

Level of care

- ASAM-PPC-2R (Addiction)
- I. Outpatient
- II. IOP/Partial Hospital
- III. Residential/Inpatient
- IV. Medically Managed Intensive Inpatient (Hospital)
- OMT: Opioid Maintenance
- D: Detoxification

Mental Health

- Outpatient
- Partial hospital/Day program
- Inpatient

Exclusive program/ Admission criteria requirement

- Adolescents
- 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

DDCAT — Rating Scale

	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

DDCAT — Rating Scale

	1 – AOS	2	3 – DDC	4	5 – DDE
<i>II. Program Milieu</i>					
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.
<i>III. Clinical Process: Assessment</i>					
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.

DDCAT — Rating Scale

	1 – AOS	2	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 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 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.

DDCAT — Rating Scale

	1 – AOS	2	3 – DDC	4	5 – DDE
<i>IV. Clinical Process: Treatment</i>					
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 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 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.

DDCAT — Rating Scale

	1 – AOS	2	3 – DDC	4	5 – DDE
IVE. Policies and procedures for medication evaluation, management, monitoring, and compliance.	Patients on medication routinely not accepted. No capacities to monitor, guide prescribing or provide psychotropic medications during treatment.	Certain types of medication are not acceptable, or patient must have own supply for entire treatment episode. Some capacity to monitor psychotropic medications.	Present, coordinated medication policies. Some access to prescriber for psychotropic medications and policies to guide prescribing are provided. Monitoring of the medication is largely provided by the prescriber.	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 prescriber and guidelines for prescribing in place. The prescriber is on the treatment team and the entire team can assist with monitoring.
IVF. Specialized interventions with mental health content.	Not addressed in program content.	Based on judgment by individual clinician; variable penetration into routine services.	In program format as generalized intervention (e.g., stress management) with penetration into routine services. Routine clinician adaptation of an evidence-based addiction treatment (e.g., MI, CBT, Twelve-Step Facilitation).	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 treatment (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.
IVH. Family education and support.	For substance use disorders only, or no family education at all.	Variably or by clinician judgment.	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.

DDCAT — Rating Scale

	1 – AOS	2	3 – DDC	4	5 – DDE
<p>IVI. Specialized interventions to facilitate use of peer support groups in planning or during treatment.</p>	<p>No interventions used to facilitate use of either addiction or mental health peer support.</p>	<p>Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to addiction peer support groups.</p>	<p>Generic format on site, but no specific or intentional facilitation based on mental health disorders. More routine facilitation to addiction peer support groups (e.g., AA, NA).</p>	<p>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).</p>	<p>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).</p>
<p>IVJ. Availability of peer recovery supports for patients with co-occurring disorders.</p>	<p>Not present, or if present not recommended.</p>	<p>Off site, recommended variably.</p>	<p>Off site and facilitated with contact persons or informal matching with peer supports in the community, some co-occurring focus.</p>	<p>Off site, integrated into plan, and routinely documented with co-occurring focus.</p>	<p>On site, facilitated and integrated into program (e.g., alumni groups); routinely used and documented with co-occurring focus.</p>
<p>V. Continuity of Care</p>					
<p>VA. Co-occurring disorders addressed in discharge planning process.</p>	<p>Not addressed.</p>	<p>Variably addressed by individual clinicians.</p>	<p>Co-occurring disorders systematically addressed as secondary in planning process for off site referral.</p>	<p>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.</p>	<p>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.</p>
<p>VB. Capacity to maintain treatment continuity.</p>	<p>No mechanism for managing ongoing care of mental health needs when addiction treatment program is completed.</p>	<p>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.</p>	<p>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.</p>	<p>Formal protocol to manage mental health needs indefinitely, but variable documentation that this is routinely practiced, typically within the same program or agency.</p>	<p>Formal protocol to manage mental health needs indefinitely and consistent documentation that this is routinely practiced, typically within the same program or agency.</p>
<p>VC. Focus on ongoing recovery issues for both disorders.</p>	<p>Not observed.</p>	<p>Individual clinician determined.</p>	<p>Routine focus is on recovery from addiction; mental health symptoms are viewed as potential relapse issues only.</p>		<p>Routine focus on addiction recovery and mental health management and recovery; both seen as primary and ongoing.</p>

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.	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 addiction peer support groups upon discharge.	Generic, but no specific or intentional facilitation based on mental health disorders. More routine facilitation to addiction peer support groups (e.g., AA, NA) upon discharge.	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.	Maintains 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.	Program has no staff who are licensed as mental health professionals or have had substantial experience sufficient to establish competence in mental health treatment.	1-24% of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment.	25-33% of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment.	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-depth learning.

DDCAT — Rating Scale

	1 – AOS	2	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.	Documented, routine, but not systematic coverage of co-occurring issues.	Documented, routine, and systematic coverage of co-occurring issues.
VI E. 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					
VII A. 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).
VII B. 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).

DDCAT — Scoring Summary

I. Program Structure

A. _____
 B. _____
 C. _____
 D. _____

Sum Total = _____
/4 = SCORE _____

II. Program Milieu

A. _____
 B. _____

Sum Total = _____
/2 = SCORE _____

III. Clinical Process: Assessment

A. _____
 B. _____
 C. _____
 D. _____
 E. _____
 F. _____
 G. _____

Sum Total = _____
/7 = SCORE _____

IV. Clinical Process: Treatment

A. _____
 B. _____
 C. _____
 D. _____
 E. _____
 F. _____
 G. _____
 H. _____
 I. _____
 J. _____

Sum Total = _____
/10 = SCORE _____

V. Continuity of Care

A. _____
 B. _____
 C. _____
 D. _____
 E. _____

Sum Total = _____
/5 = SCORE _____

VI. Staffing

A. _____
 B. _____
 C. _____
 D. _____
 E. _____

Sum Total = _____
/5 = SCORE _____

VII. Training

A. _____
 B. _____

Sum Total = _____
/2 = SCORE _____

**DDCAT Index Program Category:
 Scale Method**

OVERALL SCORE
 (Sum of Scale Scores/7) _____

DUAL DIAGNOSIS CAPABILITY:

AOS (1 - 1.99) _____
 AOS/DDC (2 - 2.99) _____
 DDC (3 - 3.49) _____
 DDC/DDE (3.5 - 4.49) _____
 DDE (4.5 - 5.0) _____

**DDCAT Index Program Category:
 Criterion Method**

% CRITERIA MET FOR AOS
 (# of "1" or > /35) _____ 100%

% CRITERIA MET FOR DDC
 (# of "3" or > scores/35) _____

% CRITERIA MET FOR DDE
 (# of "5" scores/35) _____

HIGHEST LEVEL OF DD CAPABILITY
 (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
Substance Misuse 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	NA	NA	NA	NA	NA	NA	NA	X
Hospitals Substance Misuse 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 & Personal Care Services (DDC)	NA	NA	X	NA	X	NA	X	NA	NA	NA	X	NA	X	X
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
Mobile Response and Stabilization Services (MRSS) (DDC)	X	X	X	X	NA	NA	X	X	NA	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 Intellectual and Developmental Disabilities (DDC) ⁴	X	X	X	X	X	NA	X	X	X	X	X	X	X	X
Services for Children, Adolescents & Their Families with Severe Emotional Disturbance ⁵ (DDC)	X	X	X	X	X	X	X	X	NA	X	X	X	X	X

Key:	
1a – Multidisciplinary Team	9 – Family Psychoeducation on Dual Disorders (Note: not FPE EBP model)
1b – Integrated Substance Misuse Specialist	10 – Participation in Alcohol & Drug Self-Help Groups
2 – Stage-Wise Interventions	11 – Pharmacological Treatment
3 – Access for IDDT Clients to Comprehensive Dual Disorder Services	12 – Interventions to Promote Health
4 – Time-Unlimited Services	13 – Secondary Interventions for Substance Misuse Treatment Non-Responders
5 – Outreach	
6 – Motivational Interventions	DDE = Dual Disorder Enhanced
7 – Substance Misuse Counseling	DDC = Dual Disorder Capable
8 – Group Dual Disorder Treatment	

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
<p>Tx.1a. Multidisciplinary Team:</p> <p>Case managers, psychiatrist, nurses, residential staff, and vocational specialists work collaboratively on mental health treatment team</p>	<p>Many ACT teams are already constructed in multidisciplinary fashion, and only need enhancement in the direction of co-occurring addictions treatment</p>
<p>Tx.1b. Integrated Substance Abuse Specialist:</p> <p>Substance abuse specialist works collaboratively with the treatment team, modeling IDDT skills and training other staff in IDDT</p>	<p>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/</p> <p>Empower integrated SAP to teach, coach, and clinically consult with team members</p>
<p>Tx.2. Stage-Wise Interventions:</p> <p>Treatment consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention)</p>	<p>See Chapter 6 from the Integrated Dual Disorders Treatment Workbook – Stages of Treatment</p> <p>See Chapter 9 from the Integrated Dual Disorders Treatment Workbook – Engagement</p> <p>See the SATS and Modified SATS, and Evaluating Substance Abuse in Persons with Severe Mental Illness tools in the ASSESSMENT section of the CD</p>
<p>Tx.3. Access for IDDT Clients to Comprehensive Dual Disorders Services</p> <ul style="list-style-type: none"> • Residential services • Supported employment • Family psychoeducation • Illness management • ACT or ICM 	<p>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: <i>An Implementation Field Guide for Project Managers and Clinical Supervisors</i>" are invited to e-mail a request to wilands@ewashtenaw.org</p>

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

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
<p>Tx.4. Time-Unlimited Services</p> <ul style="list-style-type: none"> • Substance abuse counseling • Residential services • Supported employment • Family psycho-education • Illness management • ACT or ICM 	<p>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</p>
<p>Tx.5. Outreach:</p> <p>Program demonstrates consistently well-thought-out strategies and uses outreach whenever appropriate:</p> <ul style="list-style-type: none"> • Housing assistance • Medical care • Crisis management • Legal aid 	<p>Many ACT teams feature a significant amount of outreach activity, especially if maintaining high fidelity to the traditional ACT model</p>
<p>Tx.6. Motivational Interventions:</p> <p>Clinicians who treat IDDT clients use strategies such as:</p> <ul style="list-style-type: none"> • Express empathy • Develop discrepancy between goals and continued use • Avoid argumentation • Roll with resistance • Instill self-efficacy and hope 	<p>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, “<i>Enhancing Readiness-to-Change Substance Abuse in Persons with Schizophrenia: A Four-Session Motivation-Based Intervention</i>”</p> <p>See Chapter 10 from the Integrated Dual Disorders Treatment Workbook – Motivational Counseling</p> <p>(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 <i>Motivational Interviewing: Professional Training Series, 1998</i>, available for only \$100.)</p>

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

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
<p>Tx.7. Substance Abuse Counseling:</p> <p>Clients who are in the <i>action</i> stage or <i>relapse prevention</i> stage receive substance abuse counseling that include:</p> <ul style="list-style-type: none"> • 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 	<p>See Chapter 11 from the Integrated Dual Disorders Treatment Workbook – Substance Abuse Counseling for Persons with SMI</p> <p>See Chapter 12 from the Integrated Dual Disorders Treatment Workbook – Relapse Prevention</p>
<p>Tx.8. Group DD Treatment:</p> <p>DD clients are offered group treatment specifically designed to address both mental health and substance abuse problems</p>	<p>See Chapter 13 from the Integrated Dual Disorders Treatment Workbook – Group Treatment for Dual Disorders</p>
<p>Tx.9. Family Psycho-education on DD:</p> <p>Clinicians provide family (or significant others):</p> <ul style="list-style-type: none"> • Education about DD • Coping skills training • Collaboration with the treatment team • Support 	<p>See Chapter 15 from the Integrated Dual Disorders Treatment Workbook – Family Treatment</p> <p>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.</p>
<p>Tx.10. Participation in Alcohol & Drug Self-Help Groups:</p> <p>Clients in the <i>action</i> stage or <i>relapse prevention</i> stage attend self-help programs in the community</p>	<p>See Chapter 14 from the Integrated Dual Disorders Treatment Workbook – Self-help</p> <p>See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix J</p>

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

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
<p>Tx.11. Pharmacological Treatment:</p> <p>Prescribers for IDDT clients:</p> <ol style="list-style-type: none"> 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 	<p>See Dr. Kenneth Minkoff's Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders</p> <p>See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix F</p>
<p>Tx.12. Interventions to Promote Health:</p> <p>Examples include:</p> <ul style="list-style-type: none"> • 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 	<p>See Chapter 16 from the Integrated Dual Disorders Treatment Workbook – Infectious Diseases</p>
<p>Tx.13. Secondary Interventions for Substance Abuse Treatment Non-Responders:</p> <p>Program has a protocol for identifying substance abuse treatment non-responders and offers individualized secondary interventions, such as:</p> <ul style="list-style-type: none"> • Clozapine/naltrexone/disulfiram • Long-term residential care • Trauma treatment • Intensive family intervention • Intensive monitoring 	<p>Information to support trauma-informed services can be found on Lisa Najavits' website (www.seekingsafety.org/), Roger Falot/Maxine Harris' website's Trauma Services page (www.cdc1.org/trauma_services.htm), Stephanie Covington's website (www.stephaniecovington.com/) or Dusty Miller'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</p>

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

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
<p>O.1. Program Philosophy.</p> <p>The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources:</p> <ul style="list-style-type: none"> • Program leader • Senior staff (e.g., executive director, psychiatrist) • Practitioners providing IDDT services • Clients and/or families receiving IDDT services • Written materials (e.g., brochures) 	<p>See the complete set of COCE Overview Papers found in the GENERAL section of the CD</p> <p>See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 3</p>
<p>O.2. Eligibility/Client Identification.</p> <p>All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for IDDT services using standardized tools or admission criteria consistent with IDDT. Also, the agency tracks the number of eligible clients in a systematic fashion.</p>	<p>Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record</p> <p>See the entire SCREENING and ASSESSMENT sections of the CD for instruments perspectives</p> <p>See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 4</p>
<p>O.3. Penetration.</p> <p>The maximum number of eligible clients are provided with IDDT services, as defined by the ratio:</p> $\frac{\# \text{ clients receiving EBP}}{\# \text{ clients eligible for EBP}}$	<p>Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record</p>

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


IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
<p>O.4. Assessment.</p> <p>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.</p>	<p>See Chapter 7 from the Integrated Dual Disorders Treatment Workbook – Assessment</p> <p>See COCE Overview Paper # 2 - Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders</p> <p>See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix G</p>
<p>O.5. Individualized Treatment Plan.</p> <p>For all EBP clients, there is an explicit, individualized treatment plan <i>related to the EBP</i> that is consistent with assessment and updated every 3 months.</p>	<p>See Chapter 8 from the Integrated Dual Disorders Treatment Workbook – Treatment Planning</p> <p>See COCE Overview Paper # 2 - Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders</p>
<p>O.6. Individualized Treatment.</p> <p>All EBP clients receive individualized treatment meeting the goals of the EBP.</p>	<p>See COCE Overview Paper # 2 - Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders</p> <p>See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42</p>

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<p>O.7. Training.</p> <p>All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) <i>within 2 months of hiring</i>. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).</p>	<p>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.</p> <p>See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, which serves as an excellent core text / reference for basic IDDT training</p> <p>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.</p>
<p>O.8. Supervision.</p> <p>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 <i>to specific client situations</i>.</p>	<p>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.</p>
<p>O.9. Process Monitoring.</p> <p>Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators.</p>	<p>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</p> <p>Minkoff's COMPASS, CODECAT, and COFIT instruments have also been found useful</p>

Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools
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<p>0.10. Outcome Monitoring.</p> <p>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.</p>	<p>SAMHSA's National Outcome Measures (NOMs) provides guidance on meaningful outcome indicators to target</p> <p>Each EBP Toolkit (including the IDDT Toolkit), contains a "Client Outcomes – EBP Toolkit Quarterly Report Form" prompting the provider to track the following:</p> <ol style="list-style-type: none"> 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)
<p>0.11. Quality Assurance (QA).</p> <p>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.</p>	<p>Embed in Clinical Care Committee / Improving Practices Leadership teams at both the provider and PIHP levels</p>
<p>0.12. Client Choice Regarding Service Provision.</p> <p>All clients receiving IDDT services are offered choices; the IDDT practitioners consider and abide by client preferences for treatment when offering and providing services.</p>	<p>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.</p>

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Supported Employment Services (SE)	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.03.09.03
Effective Date: 7/20/06	Date of Review/Revision: 8/29/07, 5/18/09, 4/2/12, 5/8/14, 5/9/16, 6/13/17, 4/10/18, 4/9/19, 6/9/20, 3/10/21, 3/9/22, 3/8/23, 03/15/24	Approved By: Sandra M. Lindsey, CEO
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: Director of Network Services, Public Policy, & Continuing Education
		Authored By: Mary Baukus, Barbara Glassheim
		Additional Reviewers: Rocky Archangeli, Evidence-Based Practice Leadership Team

Purpose:

SCCMHA recognizes that most people who live with a serious mental illness and many who have an intellectual/developmental disability want to work and shall therefore provide supported employment (SE) services in order to maximize their opportunities to obtain gainful employment.

Policy:

- A. SCCMHA shall adhere to evidence-based practice standards in the delivery of supported employment services, using the Individual Placement and Support (IPS) model.
- B. SCCMHA or a designated body, shall periodically review supported employment services in order to ascertain their level of fidelity to the IPS model set forth in the *Supported Employment Fidelity Review Manual: A companion guide to the evidence-based IPS Supported Employment Fidelity Scale*.
- C. SCCMHA shall provide supported employment services, as resources permit, to help individuals with serious mental illnesses find and retain jobs at competitive wages in integrated settings in the community based upon the belief that every person with a disability is capable of working competitively in the community if the right kind of job and work environment can be found. Individuals with a developmental disability will be provided employment services contracted through SVRC (Saginaw Valley Rehabilitation Center).
- D. SE services shall be provided in a trauma-informed manner.

Application:

- A. All adult consumers shall be eligible for supported employment based on the following criteria:
1. The consumer is unemployed or working non-competitively and desires competitive work.
 2. The consumer is working but not receiving employment supports and he/she wants such supports.
 3. The consumer wishes to search for other competitive employment.

Standards:

- A. Supported employment shall be guided by eight core principles:
1. Zero exclusion: Eligibility for supported employment is based upon consumer choice. No consumer is excluded from the opportunity for a competitive job. Consumers are deemed “work ready” when they say they want to work. (Symptomatology, diagnosis, substance abuse, prior hospitalization, education, age, gender, and other consumer factors are not strong and consistent predictors of work.)
 2. Integration of vocational rehabilitation and mental health: Supported employment services are integrated with treatment and other related services and supports. The supported employment program is staffed by employment specialists and Certified Peer Support Specialists who function as members of consumers’ treatment teams and participate in team meetings on a regular basis.
 3. Competitive employment: Competitive employment is the goal of supported employment services. Competitive jobs are those that exist in the open labor market that anyone, regardless of disability, could have (rather than those that are set aside for individuals with disabilities), and pay at least minimum wage. The wage should be equal to the standard wage and benefit level paid for the same work performed by individuals who do not have a mental illness.
 4. Rapid job search: A job search commences soon after a consumer expresses interest in working and is not postponed by requirements for the completion of extensive pre-employment assessment and training, intermediate work experiences (e.g., transitional employment). Job searches are guided by profiles of consumers’ work experience, job interests and preferences, personal strengths, unique challenges, and input from the treatment team and family members/supporters.
 - a. Components of job finding:
 - 1) Starting the job search soon after entry into the supported employment program
 - 2) Individualizing job finding based on consumers’ strengths, preferences, and experiences
 - 3) Networking to identify job leads
 - 4) Involving the treatment team and family/significant others to maintain support

5. Time-unlimited support: Follow-along supports are provided on a continuous basis. Consumers who receive supported employment services are never terminated from such services unless they directly request termination.
 6. Attention to consumer preferences: Consumer preferences are important and play a critical role in determining the type of job sought, the nature of support provided by an employment specialist, and the decision regarding whether to disclose the individual's disability to the employer.
 7. Systematic Job Development: Employment specialists systematically visit employers, who are selected based on the job seeker's preferences, to learn about their business needs and hiring preferences.
 8. Benefits Planning: The Supported Employment Benefit to Work Coach helps people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements and how wages from employment will affect those entitlements.
- B. Jobs are seen as transitions; people commonly try several jobs before finding one they want to keep. Employment Specialists help consumers find other jobs when they leave jobs.
 - C. Any person on the treatment team, as well as the consumer, can make a referral for supported employment services.
 - D. By engaging the consumer and members of their support system, the Employment Specialist shall focus on developing a working alliance with the consumer in the community.
 - E. Assessment is ongoing. The Employment Specialist gathers as much information as quickly as possible to start the job search process at the consumer's pace. The consumer's vocational profile and employment plan are updated with relevant information as the consumer looks for employment and works in jobs.
 - F. Job supports enable consumers to function successfully in competitive employment and can include assistance with starting a new job, performing in a job over time, dealing with a crisis while at work, ending a job, arranging for workplace accommodations.
 - G. Case Holders shall work to ensure that supported employment services are integrated into the consumer's plan of service.
 1. Case Holders shall include Employment Specialists in PCP meetings with consumers.
 - H. Case Holders shall seek to ensure consumers are actively engaged in SE services.
 1. Case Holders shall hold Interdisciplinary Treatment Team meetings with consumers who are not engaging with the SE team.
 - a. These Interdisciplinary Treatment Team meetings shall include the relevant Employment Specialist(s).
 - b. The IPOS Plan shall be modified, if needed, in accordance with the outcome of the meeting.
9. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.

- a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including Supported Employment, to discuss fidelity monitoring.
- b. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes for SE participants.
- c. The SE team(s) shall undergo a DHHS or State IPS or consultant, or internal fidelity review every 1-3 years.

Definitions:

Individual Placement and Support (IPS) is a specific type of supported employment that is an evidence-based practice. The evidence-based practice of IPS is sometimes referred to as IPS and supported employment which may be considered interchangeable when applied to helping people with a serious mental illness who are seeking work in the competitive job market (i.e., in a regular job).

Supported Employment programs assist individuals with serious mental illnesses in finding and maintaining competitive employment.

Customized Employment entails the identification of accommodations and supports that allow an individual to perform the functions of a job. In customized employment, jobs are individually negotiated and developed, based on individualized determinations of consumers' strengths, expressed needs and interests, and designed to meet the specific business needs of employers.

References:

- A. Becker, D., Swanson, S., Reese, S., Bond, G., McLeman, M. (2015). *Supported Employment Fidelity Review Manual: A companion guide to the evidence-based IPS Supported Employment Fidelity Scale*. Dartmouth Psychiatric Research Center. Lebanon, NH. [On-line]. Available: https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition_2-4-16.pdf.
- B. Substance Abuse and Mental Health Services Administration. (2009). *Supported Employment Evidence-Based Practices (EBP) KIT*. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Rockville, MD. [On-line]. Available: <https://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-Kit/SMA08-4364>.
- C. The IPS Employment Center at The Rockville Institute, Westat (2019) *Supported Employment Fidelity Review Manual, Fourth Edition*. [On-line]. Available: [Final-Fidelity-Manual-Fourth-Edition-112619.pdf \(ipsworks.org\)](https://ipsworks.org/Final-Fidelity-Manual-Fourth-Edition-112619.pdf)
- D. SCCMHA Policy 02.03.07 – Employment of Consumers
- E. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

Exhibits:

- A. Supported Employment Referral Packet
- B. List of information and resources given to consumers
- C. Supported Employment Fidelity Scale (SAMHSA)
- D. Practice Principles of IPS (Individual Placement and Support) Supported Employment (Dartmouth) for persons with a serious mental illness

Procedure:

ACTION	RESPONSIBILITY
SE services are provided to consumers who desire the service.	Employment Specialists
SE services are monitored on a regular basis for fidelity to the model and outcomes.	SCCMHA EBP Leadership/Fidelity Monitoring Team
Referrals for SE are made:	
<ul style="list-style-type: none"> • Self-refers for SE (via service providers/case holders or via direct contact to the SCCMHA Employment Unit) 	Consumer
<ul style="list-style-type: none"> • Contacts the SE Unit to request SE services for consumers. 	Case Holder, Physicians, Clinicians, etc.
<ul style="list-style-type: none"> • Includes the Employment Specialist in the IPOS meeting. 	Case Holder
<ul style="list-style-type: none"> • If the IPOS meeting has already been held, reconvenes the meeting in order to ensure inclusion of the Employment Specialist. 	
Provide referral packets to consumers.	Case Holder, Physicians, Clinicians, etc.
Review the contents of referral packets with consumers.	
Reviews the <i>Talking Points for IPOS Goal Development</i> with the consumer to ensure their understanding of SE services and supports offered.	Referral source
Reconvenes IPOS meetings for consumers who do not engage with the SE Team and includes SE Team member(s) in the meeting.	Case Holder
Modifies the Plan as needed.	Case Holder
Conducts fidelity reviews and/or Coordinates MIFAST reviews	SCCMHA EBP Leadership/Fidelity Monitoring Team

Exhibit A



Supported Employment Referrals Instructions

To obtain Supported Employment Services for a consumer, please complete the following steps:

1. Assure that there is an Outcome related to obtaining employment in the consumer Person-Centered Plan. This outcome is to include how often the Jobseeker and Employment Specialist engage on a Bi-Weekly, Monthly, Quarterly or Annual basis. This is best achieved by inviting SES team members to the PCP pre-planning or Planning meeting whenever possible. A good rule-of-thumb for our program fidelity is to indicate that the SES (Supported Employment Specialist) will meet with the client “at least monthly, or more often as needed” in the frequency portion of the goal writing.
2. Request authorization for code H2023; 72 units for six months is typically needed.
3. Complete the Supported Employment Referral Form.
4. Return the completed referral form to the Employment Supervisor

Please contact the Employment Supervisor for assistance in completing this packet.

Upon receipt of the completed referral the SE Supervisor will process the referral, complete orientation and assign a SE Specialist.

Please send referral forms thru SCCMHA inter-office mail, Senti message or fax to:

Rocky Archangeli.

Supported Employment Services Supervisor

989-797-3489

rarchangeli@sccmha.org

Fax: 989-791-1464



Supported Employment Referral Form

Referral sent on Date: _____

Consumer: _____ SCCMHA ID: _____

Consumer Address: _____

City, State, Zip: _____ Cell Phone: _____

Alternate Phone: _____

Related Outcome from PCP:

_____ Authorization #'s: H2023 Supported Employment and H0038 Peer Supports (per client):

_____ Medications and Side Effects that might interfere with work/employment (such as difficulty concentrating, tremors, etc.):

Substance Use present? If so please elaborate:

_____ What job(s) are you looking for?

_____ Have you ever worked with Michigan Rehabilitation Services (MRS): Yes ___ No ___?

Criminal history needed to help us help you find suitable jobs and does not affect services: _____

Please tell us what jobs you don't like. What skills, education or training you have? :

Do you have a Valid Michigan Drivers License? Yes _____ No _____

Referral completed by: _____ Title:

_____ Person completing Referral Phone: _____ email:

Talking Points for IPOS Goal Development

What is Supported Employment?

The Supported Employment program assists consumers of Saginaw County Community Mental Health with obtaining and maintaining *Competitive Employment*. These are jobs that:

- Are not only for a person with a disability, any person can apply.
- Pays Minimum Wage (or higher)
- Pay is paid based on hours worked and not solely on individual productivity
- The hours of work can be full or part time
- Co-workers are not solely others with a disability
- Located in the local community
- The responsibilities, demands, productivity, and tasks for that job are the same for both the employee with a disability and the employee who does not have a disability

Supported Employment assists in finding a job using a “person-centered” approach. This is a partnership with you and your case holder and considers your talents, abilities, and desires. Using that information, a plan is developed to help you achieve your career or vocational goals, not just to get you “any” job.

What does the Supported Employment program offer you?

After agreeing to participate, you will be assigned an Employment Specialist/Peer Supports Specialist who works closely with you through the *process* of obtaining and keeping employment.

The first step is to gather information about you. This is done by creating a Vocational Profile. This information includes your work history as well as your interests, abilities, skills, preferences, supports, personality, strengths, needs, and challenges. Together, you and the Specialist create a Plan to locate a job that best suits you.

Some things you and the Employment Specialist may do in looking for work are:

- | | |
|--|---------------------------------|
| • Explore vocational and career interests | Mock Interviews |
| • Interview Prep- Dress for success on your behalf | Community Job Development |
| • Search job listings | Benefits Counseling |
| • Visit potential employers’ Peer assistance | In-depth vocational assistance- |
| • Create a resume and cover letter techniques | Learn acceptable Follow-up |
| • Fill out job applications resource | Introduction to DB101 web |

Supported Employment Services understands concerns regarding working and its affect on your benefits. The Employment Specialist will work with you and agencies, such as Social Security, MDHHS. MRS, Supported Employment Benefits to Work Coach, etc., to help manage any impact on your benefits from obtaining work.

Once working, the Employment Specialist will help you keep your job. Services provided include *job coaching, task training, employee/employer problem solving, and acceptable workplace behaviors-workplace policy review*. There is no time limit on how long or how often this assistance is offered – it may be for a short time or provided for as long as you want (with caveats)...

What is expected of you? A desire to work!

Preparing to, and looking for employment can be a demanding activity, and may require a lot of time and energy. Finding a job can be frustrating because you may feel rejected if an employer does not hire you. Looking for work can also cause us to look at ourselves and may require you to change or learn new ways to dress or speak or act.

You should expect to:

- Arrive to appointments on-time.
- Always! Have Email address, Login Passwords with you for All Supported Employment related appointments.
- Be actively involved in the search for your job. Remember, this is a partnership.
- Comply with your mental health treatment
- Be teachable. Your Employment Specialist may need to address personal concerns that create barriers to your employment - these will only be brought up if they could be a hindrance to finding a job. The Specialist has your best interest in mind in bringing up difficult issues.
- Be serious about wanting a job. You will be personally challenged as you look for work and learn a job. Unemployment can be very difficult at times, but Supported Employment is here to help, encourage, and support you.
- Be patient. Unemployment may not have happened overnight. Finding the job of your choice will likely take some time.

Case manager/Support Coordinator Job-seeker considerations.

When you are thinking about work, what is it that appeals to you? Is it the human connection? There are other aspects to consider. Other options such as volunteering; joining a club or community group; recreation or sports; taking a class; or other leisure-time activities should be explored if you are looking for socialization. Those should be discussed with your Case Worker.

The Employment Specialist works in conjunction with your other service providers and will be in contact with them as needed. The Employment Specialist does not replace or provide the same services as your therapist, case worker, psychiatrist, nurse, doctor, clergy, or others who support you. The Specialist has one main function – to help you *get* and *keep* the job of your choice.

The decision to hire you rests with the employer. No employer creates a job just to put someone to work. Jobs are created to meet a need of the employer. No one can force him or her to hire you. A job is never guaranteed nor promised. The availability of jobs depends upon the local, state and Federal economy and your personal motivation to achieve employment. Getting a job is quite often a numbers game. The more time invested and applications submitted the better your chances of being hired. There are

many others out there looking for work just like you. You need to put in the effort. It takes time and patience so please, don't give up!

Program participation is voluntary, and you may stop using Supported Employment services at any time. You, the Jobseeker, and your Employment Specialist will notify the Case holder of your decision to change engagement or suspend Supported Employment Services. To satisfy SCCMHA auditing and Network services requirements Your Plan of Service will need to be updated to reflect your decision.

Exhibit B

Information and Resources Packet

The following materials are distributed to new consumers when they start SE:

- SAMSHA *Supported Employment: Information for Consumers* handout.
- SAMSHA *Information for Family* article
- *Natural Supports Assessment* developed by Virginia Commonwealth
- A Brief Questionnaire on vocational, educational and criminal history
- A list of all employment and temp staffing agencies in the area
- A list of Internet Job banks
- A set of resume templates and handouts on resume writing
- 2 handouts on job search strategies
- info on interviewing skills
- *Employer Contact* form.
- SSA pamphlet on how work affects SSI/SSDI benefits
- Employment Specialists' business cards

Exhibit C: Supported Employment Fidelity Scale (From *The IPS Employment Center at The Rockville Institute, Westat*)

SUPPORTED EMPLOYMENT FIDELITY SCALE*

1/7/08

Rater: **Site:** **Date:** **Total Score:**

Directions: Circle one anchor number for each criterion.

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
STAFFING		
1. <u>Caseload size</u> : Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.	MIS, DOC, INT	1= Ratio of 41 or more clients per employment specialist. 2= Ratio of 31-40 clients per employment specialist. 3= Ratio of 26-30 clients per employment specialist. 4= Ratio of 21-25 clients per employment specialist. 5= Ratio of 20 or fewer clients per employment specialist.
2. <u>Employment services staff</u> : Employment specialists provide only employment services.	MIS, DOC INT	1= Employment specialists provide employment services less than 60% of the time. 2= Employment specialists provide employment services 60 - 74% of the time. 3= Employment specialists provide employment services 75 - 89% of the time. 4= Employment specialists provide employment services 90 - 95% of the time. 5= Employment specialists provide employment services 96% or more of the time.

*Formerly called IPS Model Fidelity Scale

3. Vocational generalists: Each employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in “Services”.)

MIS, DOC,
INT, OBS

- 1= Employment specialist only provides vocational referral service to vendors and other programs.
- 2= Employment specialist maintains caseload but refers clients to other programs for vocational services.
- 3= Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports).
- 4= Employment specialist provides five phases of employment service but not the entire service.
- 5= Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).

ORGANIZATION

1. Integration of rehabilitation with mental health treatment thru team assignment: Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist’s caseload is comprised.

MIS, DOC,
INT, OBS

- 1= Employment specialists are part of a vocational program that functions separately from the mental health treatment.
- 2= Employment specialists are attached to three or more mental health treatment teams. OR Clients are served by individual mental health practitioners who are not organized into teams. OR Employment specialists are attached to one or two teams from which less than 50% of the employment specialist’s caseload is comprised.
- 3= Employment specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the employment specialist’s caseload is comprised.
- 4= Employment specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the employment specialist’s caseload is comprised.
- 5= Employment specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the employment specialist’s caseload is comprised.

2. Integration of rehabilitation with mental health treatment thru frequent team member contact:
 Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services are integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services.

MIS, DOC
 INT, OBS

- 1= One or none is present.
- 2= Two are present
- 3= Three are present.
- 4= Four are present.
- 5= Five are present.

All five key components are present.

- Employment specialist attends weekly mental health treatment team meetings.
- Employment specialist participates actively in treatment team meetings with shared decision-making.
- Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record.
- Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members.
- Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.

3. Collaboration between employment specialists and Vocational Rehabilitation counselors: The employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.

DOC, INT
 OBS, ISP

- 1= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) less than quarterly to discuss shared clients and referrals. OR Employment specialists and VR counselors do not communicate.
- 2= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) at least quarterly to discuss shared clients and referrals.
- 3= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals.
- 4= Employment specialists and VR counselors have scheduled, face-to-face

meetings at least quarterly, OR have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.

5= Employment specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.

4. Vocational unit: At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.

MIS, INT,
OBS

1= Employment specialists are not part of a vocational unit.

2= Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.

3= Employment specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. OR. If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference.

4= At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. OR. If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the employment specialist with activities such as taking someone to work or picking up job applications.

5= At least 2 full-time employment specialists and a team leader form an employment unit with weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.

5. Role of employment supervisor: Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.

MIS, INT,
DOC, OBS

1= One or none is present.

2= Two are present.

3= Three are present.

4= Four are present.

5= Five are present.

Five key roles of the employment supervisor:

- One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.)
- Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.
- Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.
- Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.
- Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.

6. Zero exclusion criteria: All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported employment services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.

DOC, INT
OBS

- 1= There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners.
- 2= Most clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).
- 3= Some clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).
- 4= No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.
- 5= All clients interested in working have access to supported employment services. Mental health practitioners encourage clients to consider employment, and referrals for supported employment are solicited by many sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.

7. Agency focus on competitive employment: Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leadership and staff.

DOC, INT,
OBS

- 1= One or none is present.
 - 2= Two are present.
 - 3= Three are present.
 - 4= Four are present.
 - 5= Five are present.
- Agency promotes competitive work through multiple strategies:
- Agency intake includes questions about interest in employment.
 - Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.

- Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas.
- Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.
- Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.

8. Executive team support for SE: Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present.

DOC, INT,
OBS

1= One is present.

2= Two are present.

3= Three are present.

4= Four are present.

5= Five are present.

- Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.
- Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability.
- At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.

- The agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.
- SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.

SERVICES

1. Work incentives planning: All clients are offered assistance DOC, INT in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits.
- 1= Work incentives planning is not readily available or easily accessible to most clients served by the agency.
- 2= Employment specialist gives client contact information about where to access information about work incentives planning.
- 3= Employment specialist discusses with each client changes in benefits based on work status.
- 4= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job.
- 5= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.

2. Disclosure: Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.

DOC, INT
OBS

1= None is present.

2= One is present.

3= Two are present.

4= Three are present.

5= Four are present.

- Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.
- Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer.
- Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers.
- Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)

3. Ongoing, work-based vocational assessment: Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc, is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with

DOC, INT,
OBS, ISP

1= Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.

2= Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).

3= Employment specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths,

the client's permission, from family members and previous employers.

etc. and do not routinely analyze job loss (or job problems) for lessons learned.

4= Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. They do not document these lessons learned in the vocational profile, OR The vocational profile is not updated on a regular basis.

5= Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes.

4. Rapid job search for competitive job: Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry.

DOC, INT,
OBS, ISP

1= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average 271 days or more (> 9 mos.) after program entry.

2= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry.

3= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry.

4= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.

5= The program tracks employer contacts and the first face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average within 30 days (one month) after program entry.

<p>5. <u>Individualized job search</u>: Employment specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.</p>	<p>DOC, INT OBS, ISP</p>	<p>1= Less than 25% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc. rather than the job market.</p> <p>2= 25-49% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p>3= 50-74% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p>4= 75-89% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan.</p> <p>5= Employment specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, employment specialists provide information about a range of job options in the community.</p>
<p>6. <u>Job development - Frequent employer contact</u>: Each employment specialist makes at least 6 face-to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.</p>	<p>DOC, INT</p>	<p>1= Employment specialist makes less than 2 face-to-face employer contacts that are client-specific per week.</p> <p>2= Employment specialist makes 2 face-to-face employer contacts per week that are client-specific, <u>OR</u> Does not have a process for tracking.</p> <p>3= Employment specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a monthly basis.</p> <p>4= Employment specialist makes 5 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a weekly basis.</p>

		<p>5= Employment specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, employment specialist uses a tracking form that is reviewed by the SE supervisor on a weekly basis.</p>
<p>7. <u>Job development - Quality of employer contact:</u> Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each employment specialist, then calculate average and use the closest scale point.)</p>	<p>DOC, INT, OBS</p>	<p>1= Employment specialist meets employer when helping client to turn in job applications, <u>OR</u> Employment specialist rarely makes employer contacts.</p> <p>2= Employment specialist contacts employers to ask about job openings and then shares these “leads” with clients.</p> <p>3= Employment specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client.</p> <p>4= Employment specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths and asks employers to interview clients.</p> <p>5= Employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer.</p>
<p>8. <u>Diversity of job types:</u> Employment specialists assist clients in obtaining different types of jobs.</p>	<p>DOC, INT, OBS, ISP</p>	<p>1= Employment specialists assist clients obtain different types of jobs less than 50% of the time.</p> <p>2= Employment specialists assist clients obtain different types of jobs 50-59% of the time.</p> <p>3= Employment specialists assist clients obtain different types of jobs 60-69% of the time.</p> <p>4= Employment specialists assist clients obtain different types of jobs 70-84% of the time.</p>

9. Diversity of employers: Employment specialists assist clients in obtaining jobs with different employers.

DOC, INT,
OBS, ISP

5= Employment specialists assist clients obtain different types of jobs 85-100% of the time.

1= Employment specialists assist clients obtain jobs with the different employers less than 50% of the time.

2= Employment specialists assist clients obtain jobs with the same employers 50-59% of the time.

3= Employment specialists assist clients obtain jobs with different employers 60-69% of the time.

4= Employment specialists assist clients obtain jobs with different employers 70-84% of the time.

5= Employment specialists assist clients obtain jobs with different employers 85-100% of the time.

10. Competitive jobs: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)

DOC, INT,
OBS, ISP

1= Employment specialists provide options for permanent, competitive jobs less than 64% of the time, OR There are fewer than 10 current jobs.

2= Employment specialists provide options for permanent, competitive jobs about 65- 74% of the time.

3= Employment specialists provide options for permanent competitive jobs about 75-84% of the time.

4= Employment specialists provide options for permanent competitive jobs about 85-94% of the time.

5= 95% or more competitive jobs held by clients are permanent.

11. Individualized follow-along supports:
 Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.

DOC, INT,
 OBS, ISP

- 1= Most clients do not receive supports after starting a job.
- 2= About half of the working clients receive a narrow range of supports provided primarily by the employment specialist.
- 3= Most working clients receive a narrow range of supports that are provided primarily by the employment specialist.
- 4= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialists provide employer supports at the client's request.
- 5= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The employment specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.

12. Time-unlimited follow-along supports:
 Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about the job loss.

DOC, INT,
 OBS, ISP

- 1= Employment specialist does not meet face-to-face with the client after the first month of starting a job.
- 2= Employment specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job.
- 3= Employment specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job.
- 4= Employment specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients.
- 5= Employment specialist has face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports, from a mental health worker following steady employment clients. Clients are transitioned to step down job supports from a mental health worker following steady employment.

Employment specialist contacts clients within 3 days of hearing about the job loss.

- | | | |
|--|-----------------------|--|
| 13. <u>Community-based services</u> : Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their <u>total</u> weekly scheduled work hours then, calculate the average and use the closest scale point.) | DOC, INT
OBS | 1= Employment specialist spends 30% time or less in the scheduled work hours in the community.
2= Employment specialist spends 30 - 39% time of total scheduled work hours in the community.
3= Employment specialist spends 40 -49% of total scheduled work hours in the then community.
4= Employment specialist spends 50 - 64% of total scheduled work hours in the community.
5= Employment specialist spends 65% or more of total scheduled work hours in the community. |
| 14. <u>Assertive engagement and outreach by integrated treatment team</u> : Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue SE services, the team stops outreach. | MIS, DOC,
INT, OBS | 1= Evidence that 2 or less strategies for engagement and outreach are used.
2= Evidence that 3 strategies for engagement and outreach are used.
3= Evidence that 4 strategies for engagement and outreach are used.
4= Evidence that 5 strategies for engagement and outreach are used.
5= Evidence that all 6 strategies for engagement and outreach are used: i) Service termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by employment specialist with integrated team member. vi) Connect with family, when applicable. |

*Data sources:

MIS Management Information System
DOC Document review: clinical records, agency policy and procedures
INT Interviews with clients, employment specialists, mental health staff,
VR counselors, families, employers
OBS Observation (e.g., team meeting, shadowing employment specialists)
ISP Individualized Service Plan

2/14/96
6/20/01, Updated
1/7/08, Revised

Supported Employment Fidelity Scale Score Sheet

Staffing		
1.	Caseload size	Score:
2.	Employment services staff	Score:
3.	Vocational generalists	Score:
Organization		
1.	Integration of rehabilitation with mental health thru team assignment	Score:
2.	Integration of rehabilitation with mental health thru frequent team member contact	Score:
3.	Collaboration between employment specialists and Vocational Rehabilitation counselors	Score:
4.	Vocational unit	Score:
5.	Role of employment supervisor	Score:
6.	Zero exclusion criteria	Score:
7.	Agency focus on competitive employment	Score:
8.	Executive team support for SE	Score:
Services		
1.	Work incentives planning	Score:
2.	Disclosure	Score:
3.	Ongoing, work-based vocational assessment	Score:
4.	Rapid search for competitive job	Score:
5.	Individualized job search	Score:
6.	Job development—Frequent employer contact	Score:
7.	Job development—Quality of employer contact	Score:
8.	Diversity of job types	Score:
9.	Diversity of employers	Score:
10.	Competitive jobs	Score:
11.	Individualized follow-along supports	Score:
12.	Time-unlimited follow-along supports	Score:
13.	Community-based services	Score:
14.	Assertive engagement and outreach by integrated treatment team	Score:
Total:		

115 – 125	= Exemplary Fidelity
100 - 114	= Good Fidelity
74 – 99	= Fair Fidelity
73 and below	= Not Supported Employment

Exhibit D

Practice Principles of IPS Supported Employment

Competitive employment is the goal

Employment specialists help clients obtain competitive jobs. Competitive employment is defined: paying at least minimum wage and the wage that others receive performing the same work, based in community settings alongside others without disabilities, and not reserved for people with disabilities. Clients prefer competitive jobs over sheltered work. Working alongside others without psychiatric disabilities helps to reduce stigma and discrimination.

IPS supported employment is integrated with treatment

IPS supported employment services are closely integrated with mental health treatment. Employment specialists are members of multidisciplinary teams that meet regularly to review client progress. Discussions include clinical and rehabilitation information that is relevant to work, such as medication side effects, persistent symptoms, cognitive difficulties, or other rehabilitation needs. They share information and develop ideas to help clients improve their functional recovery.

Zero Exclusion: Eligibility is based on client choice

Every person with severe mental illness who wants to work is eligible for IPS supported employment, regardless of psychiatric diagnosis, symptoms, work history, or other problems, including substance abuse and cognitive impairment. The core philosophy of IPS supported employment is that all persons with a disability can work at competitive jobs in the community without prior training, and that no one should be excluded from this opportunity. Agencies develop a culture of work so all practitioners encourage clients to consider working.

Attention to client preferences

Services are based on clients' preferences and choices, rather than providers' judgments. Client preferences help determine the type of job that is sought, the nature of support provided by the employment specialist and team, and whether to disclose the aspects of a person's psychiatric disability to the employer.

Benefits counseling is important

Employment specialists help clients to access ongoing guidance regarding Social Security, Medicaid, and other government entitlements. Fear of losing benefits is a major reason that clients may not want to seek employment. It is vital that clients obtain accurate information to inform and guide the plan for starting work and over time for making decisions about changes in wages and work hours.

Rapid job search

Employment specialists help clients seek jobs directly, rather than providing extensive pre-employment assessment and training, or intermediate work experiences. Beginning the job search process early (i.e., within 30 days) demonstrates to clients that their desire to work is taken seriously, and conveys optimism that there are multiple opportunities available in the community for clients to achieve their vocational goals.

Systematic job development


Employment specialists develop relationships with employers, based upon their clients' work preferences, by meeting face-to-face over multiple visits. Employment specialists learn about the work environment and the employers' work needs. They find out about jobs that they may not be aware of at employment sites. They gather information about the nature of job opportunities and assess whether they may be a good job fit. Employment specialists continue to make periodic visits because networking is how people find jobs.

Time-unlimited support

Follow-along supports are individualized and continued for as long as the client wants and needs the support. IPS specialists and other members of the treatment team provide work support. In addition they look for natural supports (e.g., family member, co-worker) that would be available over time. The goal is to help the client become as independent as possible in his or her vocational role, while providing support and assistance as needed. Once a person has worked steadily (e.g., one year), they discuss transitioning from IPS.

IPS stands for Individual Placement and Support, which is the evidence-based practice of supported employment for people with severe mental illnesses.

Dartmouth Psychiatric Research Center, 10/11/2011

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Dialectical Behavior Therapy (DBT)	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.03.09.04
Effective Date: 7/20/06	Date of Review/Revision: 11/29/07, 5/18/09, 6/10/10, 4/2/12, 5/8/14, 4/5/16, 6/13/17, 4/10/18, 4/9/19, 8/26/19, 6/1/20, 3/10/21, 1/12/22, 1/10/23, 9/22/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
Supersedes:		Responsible Director: Director of Network Services, Public Policy, & Continuing Education
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Mary Baukus, Barbara Glassheim
		Additional Reviewers: EBP Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the provision and monitoring of Dialectical Behavior Therapy (DBT), Dialectical Behavior Therapy for Adolescents (DBT-A), and DBT-Informed interventions such as Skills System.

Policy:

- A. SCCMHA shall make DBT available to eligible consumers as resources permit.
- B. Providers who offer DBT shall adhere as closely as possible to the evidence-based practice model of DBT.
- C. Adaptations to the model for local community needs may be made with the authorization of SCCMHA.
- D. DBT shall be delivered in a trauma-informed manner.
- E. DBT can be delivered face-to-face, in-person, or via telehealth technology.

Application:

This policy applies to all SCCMHA-funded providers of mental health and substance use disorder treatment services who offer DBT.

Standards:

- A. Only clinicians who have received SCCMHA-approved DBT/DBT-A training and have been privileged to do so shall be permitted to conduct this treatment.
- B. DBT/DBT-A shall be provided in accordance with the model which includes:
 - 1. The five primary modes of treatment of DBT:
 - a. Individual therapy

- b. Group skills training
 - c. Telephone contact/Phone Coaching
 - d. Therapist weekly consultation group (in which the DBT team of individual therapists and skills trainers meet to review the program and their practice using the dialectical style that characterizes the practice of DBT within this peer supervision group).
 - e. Ancillary Treatments (e.g., pharmacotherapy, employment services, clubhouse, hospitalization, and other evidence-based practices)
2. The four groups of skills that are taught:
- a. Core Mindfulness Skills which are derived from Buddhist meditation techniques and are designed to enable the consumer to become aware of the different aspects of experience and develop the ability to stay with that experience in the present moment.
 - b. Interpersonal Effectiveness Skills which focus on effective ways of achieving one's objectives with other people (e.g., asking for what one wants effectively, saying no, being taken seriously) in order to maintain relationships and self-esteem in interactions with other people.
 - c. Emotion Regulation/Modulation Skills are ways of coping with intense emotional experiences and their causes. They also allow for an adaptive experience and expression of intense emotions. These skills include:
 - 1). Identifying and labeling emotions
 - 2). Identifying obstacles to changing emotions
 - 3). Reducing vulnerability to *emotion mind*
 - 4). Increasing positive emotional events
 - 5). Increasing mindfulness to current emotions
 - 6). Taking opposite action
 - 7). Applying distress tolerance techniques
 - d. Distress Tolerance Skills include techniques for putting up with, finding meaning for, and accepting distressing situations if there is no conceivable solution at present.
 - e. DBT-A also includes Walking the Middle Path which entails helping with adolescent-family issues. It focuses on teaching adolescents and their parents the concepts of dialectics, validation, and behavioral therapy. Emphasis is placed on the relationship between parents and teens.
3. The four modules in DBT group skills training:
- a. The pre-treatment stage focuses on assessment, commitment, and orientation to therapy.
 - b. Stage 1 focuses on suicidal behaviors, therapy interfering behaviors and behaviors that interfere with the quality of life, together with developing the necessary skills to resolve these problems.
 - c. Stage 2 deals with posttraumatic stress related problems (PTSD).
 - d. Stage 3 focuses on self-esteem and individual treatment goals.
4. Dialectical Behavioral Therapy (DBT) consists of:

- a. Once-weekly individual psychotherapy sessions in which a particular problematic behavior or event from the past week is explored in detail, beginning with the chain of events leading up to it, going through alternative solutions that might have been used, and examining what kept the consumer from using more adaptive solutions to the problem. DBT-A, there may also be family sessions.
 - b. Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship. The emphasis is on teaching consumers how to manage emotional trauma rather than reducing or taking them out of crises.
 - c. Weekly 2.5-hour group therapy sessions in which interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught.
5. DBT targets behaviors in a descending hierarchy:
- a. Decreasing high-risk suicidal behaviors
 - b. Decreasing responses or behaviors (by either the therapist or consumer) that interfere with therapy
 - c. Decreasing behaviors that interfere with/diminish quality of life
 - d. Decreasing and dealing with post-traumatic stress responses
 - e. Enhancing respect for self
 - f. Acquisition of the behavioral skills taught during group
 - g. Additional goals set by the consumer
6. The core strategies in DBT are validation and problem-solving. Attempts to facilitate change are surrounded by interventions that validate the consumer's behavior and responses as understandable in relation to their current life situation, and that show an understanding of their difficulties and suffering. Problem-solving focuses on the establishment of necessary skills. To deal with difficulties in using problem-solving skills in particular situations the following techniques may be applied in the course of therapy:
- a. Contingency management
 - b. Cognitive therapy
 - c. Exposure based therapies
 - d. Pharmacotherapy
7. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.
- a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including DBT, to discuss fidelity monitoring.
 - b. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes for DBT participants ages 18+. For youth participating in DBT-A who are under the age of 18, the Child

and Adolescent Functional Assessment Scale (CAFAS) will be used in a similar manner.

i. The Borderline Symptom List (BSL-23) or Borderline Evaluation of Severity over Time (BEST) could be used as additional method(s) of evaluating progress and outcomes.

c. All active DBT teams shall undergo MiFAST fidelity reviews every 3-5 years.

C. DBT-Informed Treatment Options

1. Standard DBT and DBT-A can be provided in an informed manner.

a. Informed means using aspects of the practice without necessarily using all the components and it may not follow the same timeline as full DBT implementation. For example, having a condensed skills group only intervention or working with someone individually, without a group component, and integrating DBT concepts into therapy session.

b. DBT-Informed can also be the idea of using DBT concepts in individual or an adapted group setting without the existence of a DBT team.

c. DBT-Informed interventions do not identify DBT as the EBP for tracking purposes, but because DBT falls under the umbrella of Cognitive Behavior Therapy, CBT should be identified as the intervention in the SENTRI system.

2. DBT-Informed: Skills System

a. The Standard DBT skills curricula are not accessible for people with significant learning challenges. Cognitive load demands are too high to allow for learning, free recall, and generalization in the natural environment.

b. Skills System uses a DBT-based framework that helps people experience a dialectical synthesis (the ability to be in pain AND be effective at the same time) versus polarization during emotional, cognitive, behavioral, relationship, and self-processes in complex life contexts.

c. The Skills System Design

1) Framework breaks complex tasks into component parts – Task Analysis Integrates mindfulness strategies and goal directed thinking that lead the individual to execute goal-directed actions.

2) Provides clear, strategic steps (micro-transitions) to create adaptive chains of behavior.

3) The tools have to be flexible enough to be able to adapt to internal and external changes in the moment.

4) The skills and the “system” function as cognitive scaffolding to help navigation (being present & effective) across the spans of emotions.

Definitions:

Dialectical Behavior Therapy (DBT): A mode of treatment designed for people with borderline personality disorder (BPD), especially those who engage in suicidal behavior. DBT aims to help people with BPD validate their emotions and behaviors, examine behaviors and emotions that have a negative impact on their lives, and make a conscious effort to bring about positive changes. In validation the therapist helps the individual see that their behavior and responses are understandable in relation to their current life situation. However, these behaviors and responses often create a great deal of distress, suffering, and instability in the person's life. The consumer works on building social and personal skills to deal effectively with the problems in life via training in problem-solving skills. Studies have indicated that people with BPD who have had DBT make fewer suicide attempts and are hospitalized less often. DBT was pioneered by Dr. Marsha Linehan at the University of Washington.

Dialectical Behavior Therapy for Adolescents (DBT-A): Dialectical Behavior Therapy (DBT) has been adapted for adolescents aged thirteen to nineteen who are suicidal. It focuses on helping teens and their families master the challenges of the transition from adolescence to adulthood as well as ameliorate problematic behaviors that are sometimes used to deal with extreme emotional intensity. The intervention has been modified for use in outpatient as well as inpatient settings. The first phase of treatment has been shortened from one year to sixteen weeks. The number of skills has been reduced in order to teach them in sixteen weeks. Parents are included in the skills training group in order to enhance generalization and maintenance of skills. Family members are taught to use skills and improve the adolescent's home environment. A new skills training module, Walking the Middle Path, has been added to teach behavioral principles and validation as well as address the dialectical dilemmas inherent in parent-adolescent interactions.

Parents are required to attend a multi-family parents' group where they learn the DBT skills of mindfulness, distress tolerance, interpersonal effectiveness, emotion regulation and Walking the Middle Path. In addition, parents learn to understand and respond to specific adolescent behaviors, encourage the use of skills at home, and receive support from each other within a DBT framework. One of the group skills trainers provides parents with skills coaching for occasions of distress. Parents and/or other family members are included in individual sessions when indicated. The language on the skills handouts has been simplified to make them developmentally and culturally appropriate for adolescents.

In the DBT-A outpatient format the consumer attends twice-weekly psychotherapy for sixteen weeks. One of these weekly sessions is for multifamily group skills training, and the other is for individual therapy. The focus is on stabilization and control of the acute behavior that precipitated the intervention. The inpatient format of DBT-A is briefer, more intensive, and even more focused on the behavior that precipitated the hospital admission. Here therapy goals are limited to establishing a commitment to treatment and stabilization of life-threatening behavior.

Skills System: The Skills System is a user-friendly set of emotion regulation skills, designed to help people of various ages and abilities manage emotions. Learning how to regulate emotions enables individuals to be present in the moment and be more effective—even in stressful situations. Over- and under-reacting can cause more stress and problems.

The Skills System helps individuals be aware of our current moment, think through the situation, and take goal-directed actions that align with our values.

References:

- A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
- C. DBT-Linehan Board of Certification: <https://dbt-lbc.org>
- D. Skills System Resource Center: <https://skillssystem.com>

Exhibits:

- A. SCCMHA DBT Referral Packet

Procedure:

ACTION	RESPONSIBILITY
Initiates referral for DBT by completing the DBT referral form (found on the SCCMHA information system G-drive and Exhibit A).	Clinician
Interviews the consumer. Provides a DBT case formulation and documents it in the Therapist Assessment in Sentri Administers the SCID DSM-5 Personality Disorders (SCID-5-PD) diagnostic and Borderline Symptom List 23 (BSL-23).	DBT Team Screening Clinician
Complete Pre-treatment stage checklist Assist consumer to complete intake forms	DBT Therapist and Team Leader
Completes assessment or functional analysis of target behavior. Reviews diagnosis with the consumer. Teaches the Biosocial Theory to the consumer if the consumer has a diagnosis of borderline personality disorder. Reviews the concept of Dialectics. Reviews the modes of DBT and their functions with the consumer Reviews the DBT therapist’s clinical style with the consumer and what they can expect during certain in-session behavior. Reviews Agreements of consumer and therapist stresses that DBT is supportive, behavioral, collaborative, skill-oriented, and balanced between acceptance and change.	

Determines if the consumer has the cognitive capacity (at least an I.Q. of 70 except with Skills System, where an individual with I/DD can fall into the mild to moderate range) when there is a question of whether the consumer will be able to benefit from participating in a DBT skills building format. Determines whether any psychological testing is necessary.

Psychologist

Review clinical and psychometric information reviewed along with consumer input for eligibility for DBT membership.

DBT Team (DBT therapist, Consultation team members, psychologist, and other ancillary clinicians if needed)

NOTE: DBT team consultation members agree to apply DBT philosophy when determining consumer inclusion and exclusion criteria to DBT comprehensive services.

Provides the following DBT sessions to eligible consumers:

- 4-8 DBT joining sessions with a DBT therapist for Pre-Treatment and DBT Case Formulation
- 52 weeks of individual therapy
- 52 weeks of group therapy
- 24-hour DBT telephonic consultation
- Ancillary services such as psychiatric services and psychological testing

Note: Starts the termination phase of treatment at 10 months.

Provides optional booster sessions after termination.

Provides post DBT services and supports (e.g., case management) in accordance with SCCMHA utilization criteria for continued stay based on severity of symptoms.

Monitors DBT on a regular basis for adherence to the model and outcomes.

EBP Leadership Team/Designated DBT Fidelity Monitoring Group
MIFAST/SCCMHA DBT Team

Conducts a MIFAST DBT review every 3-5 years.

Help the consumer to monitor consumer information related to target behaviors at the following designated intervals:

DBT Therapist and Case Holder

6 months pre DBT

- Start of DBT
- 6 months

- 1 year of DBT
- 6 months post DBT

Record consumer demographics and information in the SENTRI II electronic health record including:

1. Number of times consumer has committed acts of attempted suicide or reported suicidal ideations.
2. Number of times the consumer has committed acts of self-harm.
3. Numbers of times consumer has visited the emergency room.
4. Number of times admitted to inpatient treatment/hospitalizations.
5. Total days spent in the inpatient/hospital.
6. Number of times consumer has visited the medical floor of hospital.
7. Number of times consumer has committed self-destructive or impulsive acts.
8. Number of times consumer has contacted crisis center, called 911 and the number of times consumer has called the 24/7 DBT phone coaching line.

Exhibit A



DBT Referral Cover Sheet

Name: _____

Sentri ID: _____

Date: _____

Include the following documents with this Referral Cover Sheet [A]:

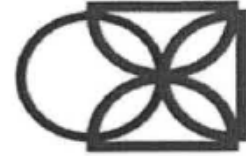
- [B] Referral Form
- [C] Target Behavior Data Tracking Form
- [D] Borderline Symptom List (BSL-23)
- [E] Life Problems Inventory (LPI)

**Please submit completed referral packet to the SCCMHA DBT Team
ATTN: Brian Birdwell via fax at (989) 272-0285
or mail to 500 Hancock Street, Saginaw, MI 48601.**

Once referral is received and reviewed, a DBT Team Member will reach out to consumer to schedule a DBT eligibility assessment. Once assessment is complete, the case will be presented at our DBT Team Consultation Meeting. Each case will be considered on an individual basis by consensus of the DBT team and in conjunction with Saginaw County Community Mental Health Authority Policy and Procedures. Primary Record Holder and Consumer will be notified once a determination has been made.

Questions?

Please contact Brian Birdwell, LLMSW via email at bbirdwell@sccmha.org
or by telephone at (989) 284-6045



DIALECTICAL BEHAVIOR THERAPY (DBT)
REFERRAL FORM

Date: _____

Consumer Information

First Name (legal): _____ Last Name: _____

Preferred Name (if different): _____ DOB: _____ Age: _____

Sentri ID: _____

Interpreter required? YES NO If yes, language needed: _____

Gender Identity: Female Male Non-binary/3rd gender Other: _____

Prefer not to say

Pronouns: She, her, hers He, him, his They, them, theirs Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type (Mark one): Cell Home Work

Secondary phone: _____ Type (Mark one): Cell Home Work

OK to leave voicemails? (Mark one): YES NO Best time to call? _____

Has consumer participated in DBT in the past? YES NO

If yes, where? _____ . When? _____

Referral Source (if client is self-referred, you may skip to next section)

Relationship to client: _____

First and Last name: _____ Agency name: _____

Address (street, city, state, zip): _____

Phone: _____ Type (Mark one): Cell Home Work

Email address: _____

OK to leave voicemails? (Mark one): YES NO Best time to call? _____

When did current treatment episode begin? _____

Scan Under Supporting Documentation

Current DSM 5 Diagnosis(es):

Current Psychiatric Medications:

(please include dosage and how often taken)

Eating disorder concerns? (Mark one): YES NO

If yes (Mark all that apply): Binging Purging Restricting Over-exercise

Other (please list): _____

Self-harming behaviors in the past twelve (12) months? (Mark one): YES NO

If yes (Mark all that apply): Burning Cutting Picking Hitting/Slapping

Other (please specify): _____

Substance Use Problems? (Mark one): YES NO Past History

If yes, which substances(s): _____

Psychiatric Hospitalization / Inpatient History? (Mark one): YES NO

If yes, please complete the following:

Name / Location	When	Reason for Admission

Total number of lifetime hospitalizations for mental health reasons: _____

Scan Under Supporting Documentation

Suicidal thoughts? (Mark one): YES (current) YES (past) NO

If yes, how frequently? _____

Suicide attempts in the past twelve (12) months? (Mark one): YES NO

If yes, date of most recent attempt: _____

Number of lifetime suicide attempts: _____

Cognitive Delay or Intellectual Impairment? (Mark one): YES NO

If yes, please describe: _____

Any current legal involvement? (e.g. parole, probation, ATO, etc.): YES NO

If yes, please describe: _____

History of assault/violence towards others? (Mark one): YES NO

Homicidal thoughts? (Mark one): YES NO

History of trauma/traumatic experiences? YES NO

Is consumer compliant with current scheduled appointments? YES NO

Is consumer compliant with current medications? YES NO

Has DBT been discussed with consumer previously? YES NO

If yes, are they aware of this referral? YES NO

Current Case Management Needs: (please check all that apply)

Personal/Self-Care

Benefits and Entitlements

Transportation

Housing

Employment

Medical/Physical Health

Why do you believe consumer would benefit from DBT services? _____

Scan Under Supporting Documentation

Related IPOS Goal: _____

SCCMHA DBT GOALS (please check all that apply):

- 1. To decrease suicidal, parasuicidal and self-harming behaviors.
- 2. To decrease therapy interfering behaviors.
- 3. To decrease quality of life interfering behaviors.
- 4. To increase interpersonal effectiveness.
- 5. To increase ability to tolerate stress.
- 6. To increase ability to manage and cope with strong emotions.
- 7. To increase core mindfulness skills.
- 8. Other (please specify) _____

Consumer Signature Date / /

Primary Record Holder Signature Date / /

Current Therapist (if applicable) Signature Date / /

DISPOSITION: (for administrative use only)

DBT Team Consultant Date / /
Scan Under Supporting Documentation

**Dialectical Behavioral Therapy Program
Target Behavior Data Tracking Form**



Name: _____

Date: _____

Treatment Phase:	<input checked="" type="checkbox"/> Referral (Baseline)	___ 6 Months	___ 12 months
		___ 18 Months	___ Dropout/Termination

In the past six (6) months, how many times* has the client:

*(*If client reports daily, weekly, or monthly ask them about how many times a day/week/month, etc.)*

1. Attempted suicide _____
2. Reported suicidal ideations _____
3. Engaged in self-harming behaviors
(e.g. cutting, burning, bruising, etc.) _____
4. Visited the Emergency Room _____
5. Been admitted inpatient (psychiatric) _____
6. Total days spent in inpatient/hospital _____
7. Engaged in self-destructive behaviors
(Impulsive and often dangerous behaviors, such as spending sprees,
unsafe sex, substance abuse, reckless driving, and binge eating.) _____
8. Contacted Crisis Department, 911, or DBT phone _____

Additional Comments: _____


Case Manager/Therapist Signature: _____ Date: _____

and/or

Consumer Signature: _____ Date: _____

Adapted from the CMU DBT data tracking model for use by SCCMHA

Rev. March 2021

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Parent Management Training – Oregon Model (PMTO)	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.03.09.06
Effective Date: 1/25/08	Date of Review/Revision: 5/18/09, 6/10/10, 6/11/12, 5/7/14, 4/19/16, 6/13/17, 4/10/18, 4/9/19, 6/12/20, 3/10/21, 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
Supersedes:		Responsible Director: Director of Network Services, Public Policy, & Continuing Education
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Authored By: Mary Baukus, Barbara Glassheim
		Additional Reviewers: Matthew Linkowski, EBP Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the provision and monitoring of Parent Management Training – Oregon Model (PMTO) as well as Parenting Through Change (PTC) and Parenting through Change Reunification (PTC-R).

Policy:

- A. Providers shall adhere to the practice standards of PMTO as delineated in the PMTO FIMP (Fidelity Implementation Rating System) of the Oregon Social Learning Center (OSLC).
- B. SCCMHA shall offer PMTO, PTC, and PTC-R to eligible consumers as resources permit.
- C. PMTO shall be delivered in a trauma-informed manner.
- D. PMTO can be delivered face-to-face, in-person, or via telehealth technology.

Application:

This policy applies to all providers who have received appropriate training, certification and have been privileged to provide PMTO, PTC, or PTC-R.

Standards:

- A. PMTO shall be delivered in accordance with the following standards:
 - 1. Target population:
 - a. Youth from preschool through adolescence who display serious behavior problems including:

- 1). Overt antisocial behavior (e.g., aggression, defiance, hyperactivity, fighting)
 - 2). Covert antisocial behavior (e.g., lying, stealing, truancy, fire setting)
 - 3). Internalizing problems (e.g., depressed mood, peer relationship problems, deviant peer associations)
 - 4). Delinquency
 - 5). Substance abuse
 - 6). School Failure
 - b. Families experiencing multiple problems including:
 - 1). Parents with mental health problems (e.g., depression, anxiety, antisocial personality traits/disorder)
 - 2). Family contextual problems (e.g., poverty, residing in an economically challenged neighborhood)
 - 3). Family structure transitions (e.g., divorce, re-partnering)
 - 4). Marital conflict
 2. Parental empowerment:
 - a. Parents function as primary treatment/change agents
 - b. Identifying and building on families' strengths
 - c. Skills training in five core effective parenting practices for parents:
 - 1). Encouragement: Teaching new behavior through positive contingencies (i.e., praise, incentives)
 - 2). Limit Setting: Responding to problem behavior with negative, non-corporal nonphysical consequences
 - 3). Monitoring and Supervision: Attending to children's behavior at home and away from home
 - 4). Family Problem Solving: An organized method of making decisions with family input that includes interpersonal planning, troubleshooting, contingency agreements
 - 5). Positive Parental Involvement: Parents demonstrating interest, attention, and caring
 3. Interventions with family members and subsystems (e.g., couples, youngsters, siblings) as needed.
 4. Intensive training of PMTO therapists:
 - a. Workshops
 - b. Biweekly group consultation based on direct observation of family treatment
 - c. Fidelity assessed from observation of family treatment
 - d. Certification in method
- B. Birth parents/caregivers of children with a serious emotional disturbance (SED) whose child welfare plan calls for reunification with their children shall be considered candidates for PTC-R.
- NOTE: PTC-R shall be limited to parents whose children have been removed by MDHHS's (Michigan Department of Health and Human Service) CPS (Children's Protective Services) and are seeking and actively working toward reunification.

1. PTC/PTC-R shall be delivered in accordance with the model's standards as follows:
 - a. The provision of tools related to five core positive parenting practices listed above in Standard A.2.c.
 - b. The provision of a mixture of education and support in a once weekly group-based format for ninety minutes to eight to ten participants (i.e., birth parents) for a period of ten weeks.
 - c. Adherence to the curriculum for the practice which includes the following topics:
 - 1). Creating Change
 - 2). Encouraging Cooperation
 - 3). Teaching Positive Behavior
 - 4). Observing Emotions
 - 5). Regulating Emotions
 - 6). Setting Limits
 - 7). Following Through
 - 8). Active Communication
 - 9). Problem-Solving
 - 10). Putting It All Together
 - d. Weekly observation utilizing the PTC-R checklist provided shall be provided by the case holder during the parent's visit with their child to encourage the parent to incorporate topics covered in the group session during their visit.
 - 1). PTC-R therapists shall review the results on the portal and incorporate extra help during the group sessions as needed.
 - e. Group attendance and checklist forms shall be entered into the consumer's electronic health record.
 - f. Birth parents shall participate in a six-session aftercare program, Parenting Through Change–Return Home (PTC-RH) program subsequent to reunification with their child.
 - g. Monthly refreshers shall be made available to parents who have not been reunified with their children subsequent to the ten-week PTC-R program.
2. Case holders and supervisors shall receive training to learn the PTC curriculum in order to facilitate PTC groups.
 - a). Two-day PTC-R trainings shall be offered to MDHHS, foster care and other staff in order to inform them of the process the parents go through and provide training regarding the PMTO Portal.
3. Fidelity to the model shall be monitored by SCCMHA.
4. The CAFAS (Child and Adolescent Functional Assessment Scale) will be used as a tool to examine outcomes by the EBP Leadership Team.
5. The Strength and Growth Areas (SAGA) is an additional assessment for outcomes used by the clinician. A pre and posttest are completed with the individuals/families served.

Definitions:

Fidelity of Implementation Rating System (FIMP) evaluates five dimensions of competent adherence to PMTO (i.e., knowledge, structure, teaching skill, clinical skill, and overall effectiveness) specified in the model as well as competent clinical and teaching processes observed during intervention. Objectivity is achieved through the use of observation of video recordings of sessions that deal with core content material.

Parent Management Training-Oregon Model (PMTO™) is an evidence-based, structured, family-based, behavioral intervention program designed by Dr. Gerald Patterson and his colleagues at the [Oregon Social Learning Center \(OSLC\)](#) to help parents and caregivers manage the behavior of their children. It is designed to promote prosocial skills and cooperation and to prevent, reduce and reverse the development and maintenance of mild to moderate to severe conduct problems in children aged 4 – 12. PMTO empowers parents as primary treatment agents to promote and sustain positive change in families and emphasizes, identifies, and builds upon strengths already present in parents, children, and their environment. Professionals shape parents to shape their children's behavior with the use of positive and negative contingencies.

Parenting Through Change (PTC): A group-based birth parent engagement model that teaches core intervention components in order to reduce coercive and inconsistent parenting practices through the empowerment of parents and increasing effective parenting practices while reducing child behavioral and emotional problems; and increase positive and pro-social behaviors in the parent and child.

Parenting Through Change Reunification (PTC-R): An evidenced-based adaptation of Parent Management Training – Oregon Model (PMTO) which is a hands-on, strength-based and skill building oriented practice that is delivered to groups of birth parents with children in foster care who wish to reunify with their children over the course of ten weeks.

Parenting Through Change Return Home (PTC-RH): As part of PTC-R, individual sessions are provided to parents as reunification approaches or upon the child’s return home. The family is seen individually for at least six weeks and the worker reviews relevant strategies and materials. Families learn additional skills to support and assist them in dealing with the changes and challenges that arise during the time of reunification. These skills focus on the strength of the parents and rebuilding the family.

References:

- A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

- A. FIMP Categories Rating Form (2019)
- B. Strength and Growth Areas (SAGA)

Procedure:

ACTION	RESPONSIBILITY
PMTO/PTC/PTC-R is offered to eligible consumers and families by certified PMTO therapists.	Therapists/case holders

10-week PTC-R group sessions are delivered to parents who are in the process of reunification

PTC-R Therapists

PTC-RH is delivered to parents who have been reunified with their children

PTC-RH Therapists

10-week PTC sessions are delivered to eligible parents

PTC Therapists

Refresher sessions are delivered to eligible parents who have not been successful in reunifying with their children

PTC-R Therapists

PMTO/PTC/PTC-R programs are monitored for adherence to the model on an ongoing basis using the FIMP.

PMTO instructors/SCCMHA

Family member participation in PMTO/PTC/PTC-R shall be recorded within the active youth consumer's Functional Assessment Systems (FAS) record.

Case Holder

Outcomes will be monitored.

EBP Leadership Team

Exhibit A

FIMP Categories Rating Form

Knutson, Forgatch, Rains, Sigmarisdóttir, & Domenech Rodríguez, 2019

Interventionist ___ Family # ___ Session # ___ Session Date _____ Rater ___ Content _____ Phase ___ Date Coded _____

Time(s) Coded: ___ : ___ : ___ - ___ : ___ : ___ - ___ : ___ : ___ - ___ : ___ : ___

	Good Work	Acceptable	Needs Work			
Knowledge	9 8 7	6 5 4	3 2 1			
<ul style="list-style-type: none"> • Applies principles and model • Understands core/supporting parenting practices • Uses correct technical details/procedures • Integrates Generation PMTO tools as relevant 						
Structure	9 8 7	6 5 4	3 2 1			
<ul style="list-style-type: none"> • Follows an agenda • Includes appropriate sections • Manages orderly flow • Appropriate attention to relevant categories • Responsive to family • Maintains leadership • Leads without dominating • Good transitions • Sensitive pacing • Good timing • Sums up 						
Teaching	9 8 7	6 5 4	3 2 1			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p style="text-align: center;">Verbal Teaching</p> <ul style="list-style-type: none"> • Gives information/ instructions • Provides rationales • Good Generation PMTO raps • Pinpoints • Provides sufficient information </td> <td style="width: 33%; vertical-align: top;"> <p style="text-align: center;">Active Teaching (cont.)</p> <ul style="list-style-type: none"> • Problem solves / brain storms • Integrates/weaves information • Guides review of material • Assesses skills and fills in gaps • Pre-corrects • Breaks into teachable units • Balances encouragement/ correction • Predicts problems • Leads parents to pinpoint (LQ) • Adjusts Generation PMTO tools to family • Punctuates </td> <td style="width: 33%; vertical-align: top;"> <p style="text-align: center;">Use of Role Play</p> <ul style="list-style-type: none"> • Capitalizes on opportunities • Conducts sufficient number/range <u>Sets up:</u> • Models/demonstrates • Provides enough information • Directs what to do <u>Conducts/Coaches:</u> • Engages family • Models/prompts/coaches • Breaks into appropriate steps/chunks • Theatrical/Uses movement <u>Debriefs:</u> • Balances encouragement/ correction • Weaves instructional material • Differentiates </td> </tr> </table> <p style="text-align: center;">Active Teaching</p> <ul style="list-style-type: none"> • Uses variety of activities • Balances verbal Teaching/active teaching • Elicits goal behavior • Engages family 	<p style="text-align: center;">Verbal Teaching</p> <ul style="list-style-type: none"> • Gives information/ instructions • Provides rationales • Good Generation PMTO raps • Pinpoints • Provides sufficient information 	<p style="text-align: center;">Active Teaching (cont.)</p> <ul style="list-style-type: none"> • Problem solves / brain storms • Integrates/weaves information • Guides review of material • Assesses skills and fills in gaps • Pre-corrects • Breaks into teachable units • Balances encouragement/ correction • Predicts problems • Leads parents to pinpoint (LQ) • Adjusts Generation PMTO tools to family • Punctuates 	<p style="text-align: center;">Use of Role Play</p> <ul style="list-style-type: none"> • Capitalizes on opportunities • Conducts sufficient number/range <u>Sets up:</u> • Models/demonstrates • Provides enough information • Directs what to do <u>Conducts/Coaches:</u> • Engages family • Models/prompts/coaches • Breaks into appropriate steps/chunks • Theatrical/Uses movement <u>Debriefs:</u> • Balances encouragement/ correction • Weaves instructional material • Differentiates 			
<p style="text-align: center;">Verbal Teaching</p> <ul style="list-style-type: none"> • Gives information/ instructions • Provides rationales • Good Generation PMTO raps • Pinpoints • Provides sufficient information 	<p style="text-align: center;">Active Teaching (cont.)</p> <ul style="list-style-type: none"> • Problem solves / brain storms • Integrates/weaves information • Guides review of material • Assesses skills and fills in gaps • Pre-corrects • Breaks into teachable units • Balances encouragement/ correction • Predicts problems • Leads parents to pinpoint (LQ) • Adjusts Generation PMTO tools to family • Punctuates 	<p style="text-align: center;">Use of Role Play</p> <ul style="list-style-type: none"> • Capitalizes on opportunities • Conducts sufficient number/range <u>Sets up:</u> • Models/demonstrates • Provides enough information • Directs what to do <u>Conducts/Coaches:</u> • Engages family • Models/prompts/coaches • Breaks into appropriate steps/chunks • Theatrical/Uses movement <u>Debriefs:</u> • Balances encouragement/ correction • Weaves instructional material • Differentiates 				
Process Skills	9 8 7	6 5 4	3 2 1			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Uses questioning process • Prevents/manages resistance • Prevents/manages conflict • Maintains balance • Promotes united approach • Encourages/supports/emphasizes strengths • Reinforces </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Promotes perspective taking • Connects with storyline • Uses variety of tools • Normalizes • Interprets/reframes </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Metaphors • Mirrors/matches • Strategic warning • Takes responsibility • Paraphrases/summarizes • Humor • Paradox • Reflects • Supportive interrupts • Keeps contact • Movement • Quality of Questioning Process </td> </tr> </table>	<ul style="list-style-type: none"> • Uses questioning process • Prevents/manages resistance • Prevents/manages conflict • Maintains balance • Promotes united approach • Encourages/supports/emphasizes strengths • Reinforces 	<ul style="list-style-type: none"> • Promotes perspective taking • Connects with storyline • Uses variety of tools • Normalizes • Interprets/reframes 	<ul style="list-style-type: none"> • Metaphors • Mirrors/matches • Strategic warning • Takes responsibility • Paraphrases/summarizes • Humor • Paradox • Reflects • Supportive interrupts • Keeps contact • Movement • Quality of Questioning Process 			
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Overall Development	9 8 7	6 5 4	3 2 1			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Application of Generation PMTO/SIL model • Adjusts for context/situation/needs • Apparent relationship with Specialist </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Family making progress • Likelihood family will use • Likelihood family will come back </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Family's satisfaction • Difficulty of family/situation • Growth occurred </td> </tr> </table>	<ul style="list-style-type: none"> • Application of Generation PMTO/SIL model • Adjusts for context/situation/needs • Apparent relationship with Specialist 	<ul style="list-style-type: none"> • Family making progress • Likelihood family will use • Likelihood family will come back 	<ul style="list-style-type: none"> • Family's satisfaction • Difficulty of family/situation • Growth occurred 			
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Exhibit B

Region:	Therapist:	Type: <input type="checkbox"/> PTC <input type="checkbox"/> PTC-R <input type="checkbox"/> PMTO	Time: <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Follow-Up
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Parent First Name: Last Name Initial: Date:

Family Strengths and Growth Areas Survey (SAGA 2.0)

We would like to start by gathering some information about you and your family in order to learn more about families in Michigan participating in PMTO.

Please answer this first set of questions about yourself:

1. What is your age?
 - 17 or younger
 - 18-20
 - 21-29
 - 30-39
 - 40-49
 - 50-59
 - 60 or older
2. What is your gender?
 - Male
 - Female
 - Prefer not to disclose
3. What is the highest level of school you have completed?
 - Less than a high school degree
 - High school degree or equivalent (e.g., GED)
 - Some college but no degree
 - Associate degree
 - Bachelor degree
 - Graduate degree
4. What is your race/ethnicity? Please select all that apply.
 - White/Caucasian
 - Spanish, Hispanic, or Latino
 - Black or African American
 - Asian
 - American Indian or Alaskan Native
 - Native Hawaiian or other Pacific Islander
 - Other (please specify): _____
 - Prefer not to disclose
5. What is your current marital status?
 - Married
 - Widowed
 - Divorced
 - Separated
 - Never Married
 - Other (please specify): _____
6. Are any other caregivers attending PMTO services with you?
 - No, I am attending PMTO by myself
 - Yes, I am attending PMTO with a spouse/partner
 - Yes, I am attending PMTO with another caregiver who is not my spouse/partner (Please specify): _____

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Michigan PMTO Version 2.0

Please answer this next set of questions about your child. (If you have more than one child, tell us about the child receiving services at this time. If more than one child is receiving services, tell us about your oldest child.)

7. What is the date of birth of the child receiving services?

___/___/_____

8. What is the gender of the child receiving services?

- Male
- Female
- Prefer not to disclose

9. What is your relationship to the child receiving services? Please select all that apply.

- Mother
- Father
- Step-mother
- Step-father
- Grandparent
- Foster caregiver
- Other family member (please specify): _____
- Other (please specify): _____

A. Please indicate **how often** each behavior occurs with your child receiving services.

	Never	Sometimes	Often	
1. Complains of aches/pains	0	1	2	
2. Spends more time alone	0	1	2	
3. Tires easily, has little energy	0	1	2	
4. Fidgety, unable to sit still	0	1	2	
5. Has trouble with a teacher	0	1	2	<input type="checkbox"/> Does not apply, child not in school
6. Less interested in school	0	1	2	<input type="checkbox"/> Does not apply, child not in school
7. Acts as if driven by a motor	0	1	2	
8. Daydreams too much	0	1	2	
9. Distracted easily	0	1	2	
10. Is afraid of new situations	0	1	2	
11. Feels sad, unhappy	0	1	2	
12. Is irritable, angry	0	1	2	
13. Feels hopeless	0	1	2	
14. Has trouble concentrating	0	1	2	
15. Less interest in friends	0	1	2	
16. Fights with others	0	1	2	
17. Absent from school	0	1	2	<input type="checkbox"/> Does not apply, child not in school
18. School grades dropping	0	1	2	<input type="checkbox"/> Does not apply, child not in school
19. Is down on him or herself	0	1	2	
20. Visits doctor with doctor finding nothing wrong	0	1	2	
21. Has trouble sleeping	0	1	2	
22. Worries a lot	0	1	2	
23. Wants to be with you more than before	0	1	2	
24. Feels he or she is bad	0	1	2	
25. Takes unnecessary risks	0	1	2	
26. Gets hurt frequently	0	1	2	
27. Seems to be having less fun	0	1	2	
28. Acts younger than his or her age	0	1	2	

<i>(continued from prior page)</i>	Never	Sometimes	Often
29. Does not listen to rules	0	1	2
30. Does not show feelings	0	1	2
31. Does not understand other people's feelings	0	1	2
32. Teases others	0	1	2
33. Blames others for his or her troubles	0	1	2
34. Takes things that do not belong to him or her	0	1	2
35. Refuses to share	0	1	2

B. Parenting is hard work. Sometimes you might feel good about how things are going. Other times you might feel discouraged. How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
37. What I do has little effect on my child's behavior	1	2	3	4	5
38. When something goes wrong between me and my child, there is little I can do to correct it	1	2	3	4	5
39. Sometimes I feel that my child's behavior is hopeless	1	2	3	4	5

C. Below are some statements about parents and families. All families are different, and this will help us learn about your family. There are no right or wrong answers. Please circle the number indicating how often each one typically occurs in your family.

	Never	Rarely	Sometimes	Often	Always
40. You praise or compliment your child when they do something well	1	2	3	4	5
41. The kind of punishment you give your child depends on your mood	1	2	3	4	5
42. You know what your child is doing when they are not with you	1	2	3	4	5
43. When solving a problem as a family, you get input from all family members	1	2	3	4	5
44. You make time in your day to play games or do other fun things with your child	1	2	3	4	5
45. You give your child a small reward for behaving well (like a treat or extra privilege)	1	2	3	4	5
46. You give your child a small negative consequence when they misbehave (like time out, privilege removal, or a work chore)	1	2	3	4	5
47. You know where your child is when they are away from your direct supervision	1	2	3	4	5
48. You begin solving a problem by stating a goal to work toward	1	2	3	4	5
49. You give your child a hug, kiss, high five, or fist bump when you spend time together	1	2	3	4	5
50. You feel frustrated when dealing with child misbehavior	1	2	3	4	5
51. You tell your child in advance how you want them to behave in a situation (like telling them to "use an inside voice" before going to a restaurant)	1	2	3	4	5
52. Your child is successful at getting around the rules you have set	1	2	3	4	5
53. You encourage your child to participate in supervised, positive activities (like school programs or clubs) when away from home	1	2	3	4	5
54. When faced with a problem, you come up with many possible solutions	1	2	3	4	5
55. You have friendly conversations with your child on a regular basis	1	2	3	4	5
56. You teach your child step-by-step how to do new behaviors (like showing them how to make their bed)	1	2	3	4	5
57. You give your child a spanking when they do something wrong	1	2	3	4	5
58. You know who your child spends time with when they are not with you	1	2	3	4	5
59. You consider the pros and cons of different ideas when solving a problem	1	2	3	4	5
60. You and your child enjoy laughing together	1	2	3	4	5
61. You check to see if your child does what you tell them to do	1	2	3	4	5
62. When you need to discipline your child, you follow through with a consequence	1	2	3	4	5
63. You pay attention to your child's activities on social media (like on the phone or computer)	1	2	3	4	5
64. When problems come up in your family, you are able to solve them successfully	1	2	3	4	5
65. You attend activities your child is involved in (like school events or sports)	1	2	3	4	5
66. You find parenting to be an easy task	1	2	3	4	5


Please Turn Over To Complete Next Page

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D. We also want to know about any difficulties you might be having so we can make sure parents receive the support they need. Over the past 2 weeks, how often have you been bothered by any of the following issues?

	Not at all	Several days	More than half the days	Nearly every day
67. Little interest or pleasure in doing things	0	1	2	3
68. Feeling down, depressed or hopeless	0	1	2	3
69. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
70. Feeling tired or having little energy	0	1	2	3
71. Poor appetite or overeating	0	1	2	3
72. Feeling bad about yourself, or that you're a failure or have let yourself or your family down	0	1	2	3
73. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
74. Moving or speaking so slowly that other people have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
75. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Thank you for completing this survey

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Wraparound	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.03.09.08
Effective Date: 4/29/08	Date of Review/Revision: 6/10/09, 6/10/10, 4/4/12, 6/5/13, 6/24/15, 4/19/16, 8/12/16, 6/13/17, 4/10/18, 4/9/19, 6/12/20, 3/10/21, 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
		Responsible Director: Director of Network Services, Public Policy, & Continuing Education
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Mary Baukus, Barbara Glasheim
		Additional Reviewers: Hannah Rousseau, Wardene Talley, EBP Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the provision of Wraparound services and supports to children and adolescents with serious emotional and/or behavioral disturbances and their families.

Policy:

SCCMHA recognizes that it is essential to design and deliver services and supports for children and adolescents with severe emotional and/or behavioral disturbances that are individualized, strength-based, family-focused, and community-based. As resources permit, SCCMHA shall maintain an MDHHS-enrolled Wraparound services program to provide community-based services to children and adolescents that are individualized, strength-based, trauma-informed, and family-focused.

Application:

This policy applies to Wraparound program service providers.

Standards:

- A. Wraparound services shall be targeted to children/youth and families who meet SCCMHA admission requirements as well as two or more of the following criteria (as stipulated in the Michigan Medicaid Provider Manual):
 - 1. Involvement in multiple child/youth serving systems (e.g., child welfare, juvenile justice).

2. At risk of out-of-home placement or currently in out-of-home placement (e.g., residential, foster care, correctional, or psychiatric hospitalization).
 3. Previous lack of sufficient improvement in functioning through involvement with other mental health services
 4. Risk factors that exceed the capacity of traditional community-based alternatives
 5. Numerous providers are working with multiple children/youth in a family and the identified outcomes are not being met.
- B. Wraparound services shall adhere to the thirteen principles of Michigan's Wraparound model which are enumerated in Exhibit A and compared to the national model which has ten principles.
- C. Families shall be involved in the development and implementation of Wraparound services and supports for their children.
- D. Wraparound services and supports shall build on child and family strengths, increase consumer choice, foster family independence and self-care.
- E. Wraparound shall adhere to the following values:
1. Voice and choice for the child and family
 - a. Choice: Families and youth shall be actively involved in the decision-making process.
 - b. Voice: Families and youth shall be heard and listened to during all planning and implementation stages, especially with respect to cultural and linguistic background (i.e., communication styles).
 - c. Ownership: Plans are made in concert with parents and children; their commitment and agreement with plans is essential.
 2. Integration of services and systems
 3. Compassion for children and families
 4. A focus on safety, success, and permanency in the home, school, and community
 5. Care that is:
 - a. Unconditional
 - b. Individualized
 - c. Strengths-based
 - d. Family-centered
 - e. Youth-guided
 - f. Culturally and linguistically competent
 - g. Community-based (with services close to home in natural settings)
- F. A relationship with the child and family characterized by:
1. A lack of blame
 2. A lack of shame
 3. Dignity
 4. Respect
 5. Empathy
 6. Active listening
 7. Support
 8. Meaningful options
 9. Self-determination

- G. The following core elements of Wraparound shall be adhered to:
1. Community-based services and supports. Wraparound will be provided in accordance with the premise upon which it is based: children belong in their natural environments.
 2. Individualized and strength-focused planning. Individualized and strength-focused planning for services and supports in all life domains that fit the child (as opposed to fitting the child into a pre-existing program), focus on positives, and build on strengths rather than problems, diagnoses, or deficits.
 3. Culturally and linguistically competent. Culturally competent services/supports that demonstrate respect for unique family cultures and recognition that every family has its own culture and style of communication.
 4. Family-driven. Families shall be full and active partners at every level of the process and responsible for decisions and allocation of resources (with input from the professionals on the team), rather than passive consumers of care. Family choices shall be adhered to and prioritized in accordance with needs based on the premise that families possess the most knowledge regarding how services and supports should enter into their lives. The process shall be structured to give families voice, choice, and ownership. Success shall be defined from the perspectives of the *family* and provider.
 5. Team-based. The Wraparound process shall be team-based and include the child, family, natural supports, agencies, and community services. Team members shall be selected on the basis of their connection or attachment to the family rather than their roles. Teams shall include professionals and natural supporters (e.g., friends, co-workers, and family) who are equal partners in the planning process. Teams change over time with respect to roles and membership. The ideal composition of a team includes less than fifty percent professional membership.
 - a. The Wraparound Team structure shall include a facilitator, supervisor, and a Community Team.
 - b. The caseload ratio shall not exceed a ratio of one facilitator to ten child/youth and family teams with the exception of a maximum of twelve when two child/youth and family teams are transitioning from Wraparound.
 - c. Wraparound facilitators shall:
 - 1). Complete the required MDHHS (Michigan Department of Health and Human Services) three-day new facilitator training within 90 days of hire and a minimum of two MDHHS Wraparound trainings per calendar year.
 - 2). Maintain no more than one provider role with a family; (i.e., may not function as both a home-based therapist and Wraparound facilitator for a family).
 - d. Wraparound supervisors shall:
 - 1). Complete the MDHHS three-day Wraparound new facilitator training within 90 days of hire and an additional MDHHS-approved supervisory training during their first year of supervision as well as attend two MDHHS Wraparound

trainings annually, one of which shall be a Wraparound supervisor training.

- 2). Wraparound supervisors shall participate on the Community Team and provide individualized clinical supervision and coaching to the Wraparound staff on a weekly basis in accordance with their individual needs and experience and maintain a supervision log which shall be made available during on-site MDHHS reviews and re-enrollment, if applicable, with support from the director.
 - i. In lieu of asking for revisions of new enrollments, the Statewide Wraparound Coordinator will offer support and providing technical assistance.
 - ii. The MDHHS should be notified of any changes in the Wraparound services approval, e.g., changes in current providers, addition of new providers, number of staff assigned to the program, supervisor changes and caseload sizes over the Medicaid Provider Manual requirements that are not temporary.
 - 3). Ensure documentation of attendance at required trainings is maintained for all Wraparound staff.
- e. The Community Team shall:
- 1). Include representation from system partners, other child serving agencies and local community agencies.
 - 2). Provide support to Wraparound staff, supervisors, and child/youth and family teams and problem-solve barriers/needs to improve outcomes for children/youth and families.
 - 3). Work as a collaborative body to improve community service delivery to children, youth, and families.
 - 4). Provide support to other child serving community agencies who are experiencing challenges meeting the needs of children, youth, and families with complex needs.
 - 5). Implement additional activities and responsibilities that reflect the individual needs of the community.
6. Balanced between conventional and natural supports. Natural supports are a source of culturally relevant caring and support for families. Ideally, conventional clinical services shall be gradually replaced with natural ones (e.g., extended family members, friends, neighbors, members of the faith-based community, volunteers, local service organizations, teachers, and coaches) that are self-sustaining, culturally relevant, and nurturing.
7. Unconditional commitment. A “no reject, no eject” policy and a mindset of doing whatever it takes to meet the needs of the child and family are maintained. When difficulties arise, services and supports are changed, but never eliminated. An attitude of *doing whatever it takes* to meet the needs of children and their families and overcoming barriers and obstacles shall be adopted.

8. Collaboration. Interagency/community/neighborhood collaboration shall be used to develop individualized support and service plans. The approach is: *How can we as a group get this accomplished and funded?*
 9. Accountability for outcomes. Accountability for outcomes shall be based on family, child, and team priorities. Outcomes shall be identified, documented, and progress shall be measured. Goals will often include achieving success, safety, and permanence in the home, school, and community. All team members equally share accountability for, and ownership of, outcomes.
- H. Wraparound shall be provided in accordance with the steps of the Wraparound process:
- Step 1: Engagement of the Child and Family
 - Step 2: Immediate Crisis Stabilization, Safety and Support Planning
 - Step 3: Strengths Assessment and Needs Assessment.
 - Step 4: Child and Family Team Formation and Nurturing
 - Step 5: Child and Family Team Preparing for the Meeting
 - Facilitating the Meeting
 - The Wraparound Plan
 - Step 6: Ongoing Crisis, Safety and Support Planning
 - Step 7: Tracking and Adapting (the Wraparound Plan)
 - Step 8: Transition (Out of Formal Services)
- I. Wraparound teams shall adhere to the Outcome Measurement section in the Wraparound Framework.
- J. All children and adolescents receiving Wraparound shall have Family Status Reports (FSRs) completed at intake and every three months thereafter until the child and family exit Wraparound.
- K. Wraparound Coordinators shall enter quarterly reports electronically in the RedCap system.
- L. Fidelity to the Wraparound model shall be monitored using the Fidelity Survey which will be completed with the Wraparound Team.
1. MDHHS may review adherence to Wraparound model fidelity at enrollment, re-enrollment, during site reviews through case file review, family interviews, and with evaluation and fidelity tools.
- M. The SCCMHA-funded Wraparound Program shall be enrolled with MDHHS in accordance with State policy.
- N. The Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), or the Devereux Early Childhood Assessment (DECA) shall be completed at intake, and on a quarterly basis thereafter as well as upon graduation. (Will need to add MichiCANS once rolled out)
- O. Wraparound plans shall adhere to the following standards:
1. Evidence that the child/youth and family team completed each step/phase of the Wraparound process, including completion of the strengths/culture discoveries, needs assessments, crisis/safety support plans, Wraparound plans, outcomes, and the development of the team mission statement. Include development of Family Vision Statement as well.

2. Individualized child/youth and family outcomes that are developed and measured by each child/youth and family team.
 3. A strength-based, needs-driven, and culturally relevant Wraparound plan that is stated in the language of the child/youth and family.
 4. Evidence of regular updates as the needs of the child/youth and family change (annual updates alone are not sufficient).
 5. Any services, supports, and interventions that are provided to the family. A mixture of formal and informal support and services.
 6. An individualized crisis/safety support plan that reflects the child's/youth's and family's strengths and culture and seeks to build skills/competencies that reduce risk.
 7. Measurement of outcomes identifying when transition plans should be developed. Transition plans will address any barriers to graduation and identify how services and supports will be maintained after Wraparound has ended.
 8. Evidence that the child/youth and family team review and measure outcomes at least monthly.
- P. Documentation standards shall be adhered to including:
1. All Wraparound team meetings shall be documented in the form of minutes and are saved on the SCCMHA G drive. (I think these are scanned into Sentri, and saved in Outlook, I am not sure if they are added to G drive? I never have added them there.)
 2. All collateral contacts shall be documented in the form of contact/progress notes . (These are chart notes, not billable. Not sure if that is needed or not.)
- Q. Meeting frequency is guided by the family's needs and level of risk.
1. Child/youth and family teams shall meet weekly until the Wraparound plan has been developed and is being implemented.
 2. Exceptions to Wraparound model expectations regarding the frequency of meetings can occur to fit the family's need and availability and must be documented in the case file.
 3. When the Wraparound plan is successfully implemented and the child/youth and family have stabilized, meeting frequency may decrease to twice monthly.
 4. Wraparound child/youth and family teams begin to transition from the formal process when the outcomes identified by child/youth and family teams are met and shall not exceed three months in duration. Monthly meetings may occur during the transition phase.

Definitions:

Blended funds: Funds that come from various sources that are merged and used interchangeably. (This is above my pay grade, but I am not sure we are using these funds this way any longer since SOC ended....)

Braided funding: Funding that uses monies from different sources but accounts for the different sources separately. . (This is above my pay grade, but I am not sure we are using these funds this way any longer since SOC ended....)

CAFAS (Child And Adolescent Functional Assessment Scale): An instrument that is designed to provide an assessment of day-to-day functioning, track outcomes and inform decisions regarding treatment and level of care for youth aged 7 and above. The CAFAS

consists of eight subscales that correspond with functional domains in the child or youth's daily life: School, Home, Community, Behavior Toward Others, Moods and Emotions, Self-Harmful Behavior, Substance Use, and Thinking. Two additional scales are used to rate the child or youth's caregiver(s) - the Material Needs and the Social Support subscales. (Maybe this is where we add MichiCANS?)

Child and Family Team (CFT): Wraparound utilizes a Child and Family Team, with team members determined by the family often representing multiple agencies and informal supports. The Child and Family Team creates a highly individualized Wraparound plan with the child/youth and family that consists of mental health specialty treatment, services, and supports covered by the Medicaid mental health state plan, waiver, B3 services (unsure what this is)

and other community services and supports. (Also, may be referred to as a Child/Youth and Family Team.)

Community Team: The Community Team consists of parents, guardians, and/or legal representatives, agency representatives, and other relevant community members. The Community Team oversees the Wraparound program from a system level.

Cultural and linguistic competence: Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, physical disability, or style of communication. They also adapt their skills to fit a family's values and customs.

Devereux Early Childhood Assessment (DECA): A suite of age-based assessment instruments for infants and toddlers. All instruments assess protective factors of Initiative and Attachment, additional factors of Self-Regulation, and concerns of Withdrawal/Depression, Emotional Control Problems, Attention Problems, and Aggression are assessed for toddlers and very young children.

Preschool and Early Childhood Functional Assessment Scale (PECFAS): An instrument that is designed to provide an assessment of day-to-day functioning, track outcomes and inform decisions regarding treatment and level of care for preschool-age youth. Medicaid provider contracts require completion for youth ages 4-, 5-, and 6-years-old who receive services. The PECFAS consists of seven subscales that correspond with functional domains in the child's daily life: School, Home, Community, Behavior Toward Others, Moods and Emotions, Self-Harmful Behavior, and Thinking. Two additional scales are used to rate the child's caregiver(s) - the Material Needs and the Social Support subscales.

RedCap: A secure web application for building and managing online surveys and databases.

Wraparound process: A team-based, collaborative process for developing and implementing individualized care plans for children and adolescents with severe emotional and/or behavioral disorders and their families.

References:

- A. Michigan Medicaid Provider Manual: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html
- B. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- C. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

- A. Wraparound Principles – Michigan (excerpted from SCCMHA’s Wraparound Manual)
- B. Wraparound Evaluation Protocol
- C. Michigan Wraparound Fidelity Tool (2024)

Procedure:

ACTION	RESPONSIBILITY
1. Engage the child and family	Wraparound Coordinator
2. Develop an immediate crisis stabilization and support plan	
3. Complete Strengths Assessment and Needs Assessment.	
4. Form and nurture the child and family team	Wraparound Coordinator/Team
5. Oversee the child and family team process:	
a. Prepare for the meeting	
b. Facilitate the meeting	
c. Develop the Wraparound plan	
6. Continue ongoing crisis, safety, and support planning	Wraparound Team members/Parents/Youth
7. Track and adapt the Wraparound plan to meet changing needs	
8. Transition out of formal services	
9. Monitor Wraparound services for fidelity using the Fidelity Survey	
10. Monitor consumer satisfaction with Wraparound	
11. Complete FSRs in accordance with the schedule set forth in Standard H	
12. Enter quarterly reports in the RedCap system	
	Wraparound Coordinator

Exhibit A

Wraparound Principles

Michigan utilizes 13 principles as the foundation of Wraparound services.



1. Child Well Being

The best interest of the child is always the paramount concern. When looking at the best interest of the child, the team is looking at all areas: safety, housing, food, clothing, emotional, social, school, interpersonal, transportation, etc. The hope is to minimize disruptions/transitions and create permanency for the family/child and to focus on strengthening their relationships. Focus is on the child's strengths and what the child has to bring to the table. Similar to the national principle of Family Voice and Choice, the child's perspective, beliefs, and values are important to the entire wraparound process. Planning and decision-making consider the child's perspective, preferences, desires, and choices. Options are elicited from the child, and any ideas recommended from the team need to also reflect the child's perspective.

2. Family Focused

Besides having the best interest of the child, the family is central to the Wraparound process. This principle considers the strengths, needs, and outcomes for the entire family. They need to have their voices heard to be able to have ownership in the process. They need access to any necessary resources. The family's perspective/beliefs/values/traditions are a primary and important focus throughout the entire wraparound process. This principle recognizes that families come in many different forms and that the people who have had long-term relationships with the child and the child need to have their voices heard. This value recognizes that the family is interdependent of each other, and that strengthening/improving family relationships are vital. The family needs to be fully involved where their values/perspectives/desires are elicited, and they need to influence the planning and the outcomes of the process. Planning is focused on the family/child's values, preferences, and choices. Any decision-making is a collaborative effort where the family/child's choices are paramount. Options are elicited from the family/child, and any ideas recommended from the team need to reflect the family/child's values/perspectives. This principle recognizes that the likelihood of successful outcomes for the entire family are increased when the wraparound process reflects the priorities of the family.

3. Safety, Child, Family and Community

First and foremost, the priority is safety for everyone, the child, the family, and the community. Throughout the process, any safety concerns will be addressed immediately through honest, open discussions. It is the team's responsibility to address safety concerns, and any team member can address any safety issues at any time. The team will then develop a plan to ensure the safety of the child, family, and/or community. The team will also explore and develop a plan to address any safety concerns within the community. Just as the community needs to be safe, the child and/or family need to feel safe in their community environment.

4. Individualized

To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services that represent the family/child's perspectives, beliefs, strengths, and choices. The plan is unique to the family and is not a one size fits all. There should not be any plans that look the same or offer the same set of options. Each family/child is unique, complex, and the plan should reflect what is important and needed by each family/child. Flex funds should be available to assist in meeting the needs of each individualized plan.

5. Cultural Competence

The wraparound process has respect for and builds on the values, preferences, traditions, beliefs, identity, ethnicity, and culture of the family/child and their community. Cultural competence asks that team members also look at their own cultural dynamics and the impact it plays on them and this process. This principle also recognizes the strengths in the family/child's culture and that their cultural identity can be essential to supports and resources that will help the family/child/team meet their goals and to sustain them once wraparound services have ended.

6. Direct Practice and System Persistence

Despite challenges, the team is committed to working toward the goals developed in the wraparound plan until the team reaches an agreement that a formal wraparound process is no longer needed. Thus, the family/child cannot be "ejected or rejected" from the program due to behavior, events, lack of progress, etc. The team does not ever give up and does not place "blame or shame." The wraparound process is committed to working through issues that arise and providing the supports and services necessary for success. The team is responsible to break through barriers, fill any gaps in service delivery, and to utilize the strengths of the family/child to address system issues. The team will continue to work on changing, creating a plan that reflects the wraparound principles and goals of family/child/team until the team decides that services are no longer necessary.

7. Community –Based

The wraparound team implements services and supports that are the least restrictive, most inclusive, most responsive, and most accessible settings where the family/child can participate safely, fully in family and community life. It is important for the family/child to be involved in

the community where they choose to live and have access to all the resources/activities that are available to any other family/child within the community. The family/child needs to learn and apply coping/problem-solving skills to manage life stressors while living within the community. Plans need to work on reducing isolation and on utilizing natural/community supports to the fullest extent.

8. Strength-based

Wraparound is a strengths-based approach. The wraparound process and plan identify, build upon, and enhance the knowledge, skills, and capabilities of the family, the child, the community, and the team. Meetings start and end with discussing strengths, the positives, and with celebrating successes. The interactions of team members should demonstrate mutual respect and recognize the value, skills, capabilities that each person brings to the team. Wraparound seeks not only to identify strengths but utilize them throughout every aspect of the plan and throughout each intervention.

9. Parent – Professional

The parent and professional relationships represent a relationship of equals. Everyone is on the same playing field, and on the same team. It is not a process of “blaming and shaming.” Both the parent/family and professionals are on the same team and working toward the same overall goal. All decisions are made together, and all information is shared. There are not any secrets or behind-the-scenes decisions. The family is a part of every process, including quality improvement and any part of the system infrastructure.

10. Collaboration and Community Support

The wraparound process embraces the philosophy of “Community Children.” The belief that we are all in this together and have equal responsibility to work for the good of the family/child. The focus is on collaboration and utilizing the strengths/resources that each community organization has to offer. This is a time to put aside any differences and share resources/information and to work with the family/child to offer them every opportunity to be a part of the community. This principle focuses on thinking outside of the box and doing what makes sense.

11. Social Networks / Informal Supports

The team actively, intentionally seeks out and encourages the full participation of team members from the family/child’s network of interpersonal and community relationships. This includes re-engaging supports that have disconnected from the family/child and expanding new supports. The team works to empower the family to develop/maintain supports that are going to stay with the family/child long after formal services have ended. Natural supports can include family, friends, neighbors, co-workers, and community organizations such as: church, clubs, school, extracurricular activities, etc. The wraparound plan reflects activities and interventions that utilize the natural support system.

12. Outcome based

The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress, and revises as needed. Outcomes look in concrete terms at what the family wants from the process and what the system wants from the process. This principle holds the team accountable and assesses whether the plan is effective or if it needs to be adjusted. Keeping track of progress helps the family/child identify changes. Monitoring is a way to demonstrate success and a way of maintaining/gaining support/resources.

13. Cost effective and Responsible

The wraparound process utilizes every community resource available that is consistent with the overall family/child goal. The team strives to be fiscally responsible and considers the long-term effects of any decision to use flex funds. Flex funds are only used as last resort.

COMPARISON: NATIONAL PRINCIPLES

The national Wraparound model utilizes ten similar principles. Since they are often referenced in research and best practice materials, Wraparound coordinators should be familiar with them and understand how they correlate to the Michigan principles.

Family Voice and Choice

The family and the youth/child's perspectives/beliefs/values are a primary and important focus throughout the entire wraparound process. This principle recognizes that families come in many different forms and that the people who have had long-term relationships with the child and the child need to have their voices heard. The family and the youth need to be fully involved where their values/perspectives are elicited, and they need to influence the planning and the outcomes of the process. Planning is focused on the family/child's values, preferences, and choices. Any decision-making is a collaborative effort where the family/child's choices are paramount. Options are elicited from the family/child, and any ideas recommended from the team need to reflect the family/child's values/perspectives. This principle recognizes that the likelihood of successful outcomes are increased when the wraparound process reflects the priorities of the family/child.

Team Based

The wraparound team consists of individuals who are committed to the well-being of the family/child. The members may be involved with the family formally, informally, and may consist of multiple members from the community. Choices about who is involved on the team should be driven by the family. It is important to provide support to the family to make informed decisions about who is a member of the team to make sure that the family/child has opportunity to have access to all available resources/supports.

Natural Supports

The team actively, intentionally, seeks out and encourages the full participation of team members from the family/child's network of interpersonal and community relationships. This principle focuses on supports that are going to stay with the family/child long after formal services have ended. Natural supports can include family, friends, neighbors, co-workers, and community organizations such as: church, clubs, school, etc. The wraparound plan reflects activities and interventions that utilize the natural support system.

Collaboration

Team members work together and share responsibility for developing, implementing, monitoring, and evaluating the wraparound plan. The team works cooperatively to develop mutually agreed upon decisions about the goals to pursue, how to reach those goals, and whether the team is making progress towards the goals, and/or if adjustments need to be made. The plan reflects a blending of the team members' perspectives and guides each team member's work toward meeting the team goals. This area is focused on the team, and there needs to be a balance of the principle of collaboration and the principle of Family Voice and Choice.

Community Based

The wraparound team implements services and supports that are the least restrictive, most inclusive, most responsive, and most accessible settings where the family/child can participate safely, fully in family and community life. It is important for the family/child to be involved in the community where they choose to live and have access to all the resources/activities that are available to any other family/child within the community.

Culturally Competent

The wraparound process has respect for and builds on the values, preferences, traditions, beliefs, identity, and culture of the family/child and their community. This principle also recognizes the strengths in the family/child's culture and that their cultural identity can be essential to supports and resources that will help the family/child/team meet their goals and to sustain them once wraparound services have ended.

Individualized

To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services that represent the

family/child's perspectives, beliefs, strengths, and choices. The plan is unique to the family and is not a one size fits all.

Strengths based

Wraparound is a strengths-based approach. The wraparound process and plan identify, build upon, and enhance the knowledge, skills, and capabilities of the family, the child, the community, and of the team. The interactions of the team should demonstrate mutual respect and recognize the value, skills, capabilities that each person brings to the team. Wraparound seeks not only to identify strengths but utilize them throughout the course of the plan.

Persistence

Despite challenges, the team is committed to working toward the goals developed in the wraparound plan until the team reaches an agreement that a formal wraparound process is no longer needed. Thus, the family/child cannot be "ejected or rejected" from the program due to behavior, events, lack of progress, etc. The wraparound process is committed to working through issues that arise and providing the supports and services necessary for success. The team will work on changing, creating a plan that reflects the wraparound principles and goals of family/child/team until the team decides that services are no longer necessary.

Outcome Based

The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress, and revises as needed. This principle holds the team accountable and assesses whether the plan is effective or if it needs to be adjusted. Keeping track of progress helps the family/child identify changes. Monitoring is a way to demonstrate success and a way of maintaining/gaining support/resources.

Exhibit B

Wraparound Evaluation Protocol

Family Status Report

In accordance with the Michigan Department of Community Health's evaluation requirement as stated in the Michigan Medicaid provider manual section 17.3N the Family Status Report (FSR) evaluation tool will now be used with all Wraparound youth. This tool has been piloted by SEDW sites and is now available in a web-based format.

The Michigan Department of Community Health (MDCH) has developed a partnership with Michigan State University to collect and analyze FSR data and provide MDCH with evaluation findings. This evaluation team, called the Wraparound Evaluation Project (WEP) is led by John Carlson, PhD. The WEP team includes school psychology graduate students and staff from MSU's Biomedical Research Informatics Core (BRIC). The RedCap system was developed by the WEP to collect our data in a web-based format.

Below are instructions for all Wraparound Projects without regard to the particular funding stream being utilized. All wraparound youth should have Family Status Reports (FSRs) completed on the following schedule:

- An initial form completed within 45 days of opening
- Quarterly FSR's completed every subsequent 90 days
- An exit FSR is completed when youth leaves Wraparound for any reason.
- A follow up FSR completed 30 days post exit

Wraparound projects will identify the individual responsible to ensure completion of FSR's and will notify Millie Shepherd with contact information for that individual. Program Manager contact information will also be provided.

Counties with more than one Wraparound project will identify how they will ensure completion and provide that information to Millie Shepherd.

Entry of all Wraparound youth should *begin no later than June 15th, 2013 with all newly opened Wraparound cases*. Those cases with *youth already in progress do not have to be entered*. Contact information to set up access to the RedCap system will be included at the end of this document.

The RedCap system will provide Wraparound Facilitators and Supervisors with reminders when a quarterly report is due. You will have 14 days to enter that report. If the report is not entered within that 14 day period a follow up e-mail will be sent to Wraparound Facilitators and Supervisors as well as Program Managers.

You will be contacted by Erin Seif from Michigan State University's Wraparound Evaluation Program (WEP) with instructions for the RedCap system and will have access to Erin for questions regarding use of the system.

RedCap access instructions for initial access to the database:

In order to receive a user name and login information for the RedCap online data entry system, please send Erin Seif (msuwraparound@gmail.com) the following information for each person you would like to grant RedCap access to:

Facilitator First & Last Name

Facilitator Email Address

3 digit facilitator ID

Please note that the facilitator ID can be the same three digit ID that the facilitator is already using. Or, if your site does not have facilitator IDs at this point in time, you can assign each facilitator an ID beginning with 001, 002, 003, etc.

If you have questions about how to develop the facilitator ID or any other data entry questions, you may contact Erin Seif or other WEP staff at the contact information listed below:

MSU Wraparound Evaluation Project

Toll-free: 855-678-7627

Local: 517-432-5090

(msuwraparound@gmail.com)

If you have questions not related to data entry please contact Millie Shepherd at shepherdm@michigan.gov

Wraparound Evaluation Protocol- Continued

Wraparound Fidelity Survey

The Fidelity Survey utilizes 25 questions to measure the extent to which Wraparound Youth, Parents, Team Members and Facilitators of teams believe the Wraparound values and philosophy are evident in team interactions.

The Fidelity Survey is required at 6 months and 12 months and will be completed with every team who has not yet reached the 6 month mark. Those who have passed the 6 month mark should complete the 12 month survey.

Additional information regarding the administration of the Survey will be sent out by Michigan State Universities WEP staff to those individuals identified by each site as the party responsible for ensuring evaluation requirements are met.

If you have questions regarding the evaluation requirements please contact Millie shepherd at shepherd@michigan.gov

Exhibit C

MICHIGAN WRAPAROUND FIDELITY TOOL

Indicator / Evidence	Degree to Which Standard is Met			Findings/Comment
	Full	Partial	Inadequate	
Did the facilitator meet with the family within 14 days of intake assessment/approval for Wraparound? (evidence: date of intake assessment and date of initial meeting in the record)				
Did the facilitator facilitate the development of and/or review existing safety plan at the initial meeting with the youth and family? (evidence: the safety plan is completed and maintained in the record)				
Did the facilitator, in partnership with the youth and family, facilitate the identification of functional strengths for each member of the family, and the family as a whole? (evidence: the strengths discovery is completed and maintained in the record)				
Did the facilitator, in partnership with the youth and family, facilitate the identification of “hole in the heart” needs for each member of the family, and the family as a whole? (evidence: the needs (“hole in the heart”) assessment is completed and maintained in the record)				
Did the facilitator record the family’s vision statement? (evidence: the vision statement is completed and maintained in the record)				
Did the facilitator record the Child and Family Team’s mission statement? (evidence: the mission statement is completed and maintained in the record)				
Does the Child and Family Team consist of the youth, primary caregivers, adoptive/biological parents, siblings, household members, natural supports and professional supports? Did the youth and family have primary decision-making in the development of their team? (evidence: meeting minutes reflect presence of balance)				
Were community resources and natural supports further developed throughout the planning process? (evidence: meeting minutes and/or plan reflect development of natural				


Indicator / Evidence	Degree to Which Standard is Met			Findings/Comment
	Full	Partial	Inadequate	
supports)				
Did the facilitator review and facilitate further development of identified “hole in the heart” needs and strengths with the Child and Family Team? (evidence: strengths discovery and needs (“hole in the heart”) assessment)				
Did the facilitator, in partnership with the Child and Family Team, prioritize “hole in the heart” needs and utilize strengths to facilitate the Wraparound plan development? (evidence: strengths discovery and needs (“hole in the heart”) assessment, maintained in the record, align with strategies and outcomes)				
Did the facilitator inform the Child and Family Team of the standard service array available to the youth and family? (evidence: meeting minutes)				
If providing Wraparound to youth served on the SEDW, did the facilitator inform the Child and Family Team as to the SEDW service array? (evidence: meeting minutes)				
Did the Child and Family Team have primary decision-making roles in choosing culturally and linguistically competent supports, services, and providers? (evidence: meeting minutes and plan)				
Did the Child and Family Team build the Wraparound plan? (evidence: meeting minutes reflect plan development by the Child and Family Team)				
Were services identified by the Child and Family Team authorized in the mental health treatment plan (IPOS/PCP) and planned to be provided to family’s preference? (evidence: mental health treatment plan (IPOS/PCP) service authorizations, meeting minutes)				
Were resources and/or community programming identified by the Child and Family Team added in the strategies of the Wraparound plan? (evidence: strategies in the plan reflect meeting minutes)				

Indicator / Evidence	Degree to Which Standard is Met			Findings/Comment
	Full	Partial	Inadequate	
Does the Wraparound plan include strategies and outcomes identified by the Child and Family Team for the youth and their family/household members? (evidence: strategies and outcomes in the plan reflect meeting minutes)				
Were outcomes measurable and method of measurement identified? (evidence: meeting minutes and plan)				
Were all members of Child and Family Team assigned action steps throughout the planning process? (evidence: meeting minutes and plan)				
Is the Wraparound plan holistic and comprehensive? (evidence: the plan crosses all relevant life domains)				
Is the Wraparound plan written in the Child and Family Team's own words? (evidence: absence of clinical jargon and presence of the Child and Family Team's quotes in the plan)				
Did the Child and Family Team meet weekly (minimum) until plan development? (evidence: meeting minutes)				
Did the Child and Family Team meet twice monthly (minimum) following plan development, until transition? (evidence: meeting minutes)				
Did the Child and Family Team meet monthly (minimum) during transition, until graduation? (evidence: meeting minutes)				
Did the facilitator record meeting minutes for each Child and Family Team meeting and distribute the meeting minutes to Child and Family Team members? (evidence: meeting minutes completed for each meeting and maintained in the record)				
Did the facilitator communicate with the Child and Family Team members in-between meetings? (evidence: documentation of collateral contacts maintained in the record)				

Indicator / Evidence	Degree to Which Standard is Met			Findings/Comment
	Full	Partial	Inadequate	
Did the Child and Family Team review outcomes monthly (minimum) and make changes to the Wraparound plan as needed? (evidence: meeting minutes to reflect monthly review and plan to reflect changes made)				
Did the facilitator and supervisor review outcomes quarterly (minimum) and did the facilitator present the review to Child and Family Team for further review and potential changes to plan? (evidence: supervision log, plan, and meeting minutes)				
Did the facilitator facilitate the development of a transition plan and did that plan include how the family will continue to meet their needs (“hole in the heart”) after Wraparound? (evidence: transition plan is completed and maintained in the record) <i>Please note: This does not apply when unplanned termination of Wraparound occurs, prior to entering the Hope phase.</i>				
Did the facilitator complete a graduation summary, and did it summarize overall progress? (evidence: graduation summary is completed and maintained in the record) <i>Please note: This does not apply when unplanned termination of Wraparound occurs.</i>				
Did the youth and family identify ongoing (post-graduation) natural supports and community resources? (evidence: transition plan, graduation summary, meeting minutes) <i>Please note: This does not apply when unplanned termination of Wraparound occurs, prior to entering the Hope phase.</i>				
Was weekly, individualized supervision provided to the facilitator (evidence: supervision log and individualized supervision plan)				
Did the facilitator maintain a caseload ratio consistent to policy? (evidence: active caseload aligned with policy)				
Did the supervisor complete training requirements consistent to policy? (evidence; initial certification and documented attendance to two annual trainings, one of which must be supervisor-specific)				

Indicator / Evidence	Degree to Which Standard is Met			Findings/Comment
	Full	Partial	Inadequate	
Is the supervisor currently credentialed as a CMHP and have they completed training requirements to maintain that credential? (evidence; documented attendance to the initial training curriculum and 24 hours of annual child-specific training)				
Did the facilitator complete training requirements consistent to policy? (evidence: initial certification and documented attendance to two annual trainings)				
If providing Wraparound to youth served on the SEDW, did the facilitator and the supervisor complete training requirements consistent to policy? (evidence: documented attendance to an additional 16 hours of annual training specific to the provision of services and support to children/youth and their families)				
Did the facilitator complete Redcap FSR entry at intake, quarterly, and post-graduation/follow-up? (evidence: Redcap will reflect up-to-date data entry)				
Did the facilitator ensure completion of fidelity forms by youth, caregivers, and team members? (evidence: Redcap will reflect completion of forms)				

Summary of Findings:

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Clubhouse: Psychosocial Rehabilitation	Chapter: 02 – Customer Service & Recipient Rights	Subject No: 02.03.09.14
Effective Date: 10/2/08	Date of Review/Revision: 6/10/09, 6/10/10, 4/4/12, 5/8/14, 4/13/16, 6/13/17, 4/10/18, 4/9/19, 10/7/19, 6/1/20, 3/10/21, 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Network Services, Public Policy & Continuing Education
	Supersedes: 02.03.13	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Mary Baukus, Barbara Glassheim Additional Reviewers: Jim Nesbit, EBP Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the provision of a Clubhouse model of psychosocial rehabilitation services and supports.

Policy:

SCCMHA-funded Clubhouse programs shall adhere to established standards set for the provision of Clubhouse programs as well as applicable SCCMHA policies including, but not limited to trauma-informed services and supports.

Application:

This policy applies to all SCCMHA-funded Clubhouse services and supports.

Standards:

SCCMHA-funded Clubhouse providers shall adhere to the following standards which are derived from the Michigan Medicaid Provider Manual and Clubhouse International:

A. Eligibility:

1. Clubhouse Services are intended for beneficiaries with a primary diagnosis of serious mental illness. Clubhouse is not an appropriate service for beneficiaries with a primary Developmental Disability diagnosis. Clubhouse services are not appropriate for beneficiaries who exhibit:
 - Behaviors that would threaten or pose a current health and safety risk to themselves or others
 - A severity of symptoms requiring a more intensive level of treatment

- Behaviors that disrupt the daily work of the Clubhouse
 - Behaviors that require excessive redirection and/or monitoring
2. The Clubhouse director has the responsibility to ensure the safety of the Clubhouse. All changes to a member's service provision must follow due process and all policies and procedures at local, state, and federal levels. Discharge criteria are only met if the member moves on voluntarily or if one or more of the above criteria are met. Cessation or control of symptoms alone is not sufficient criteria for discharge from the Clubhouse.
 3. Members must be able to participate in and benefit from activities necessary to support the Clubhouse and its members and are ineligible if they experience behavioral/safety or health issues that cannot be adequately addressed in a program with a low staff-to-member ratio.
- B. Program approval standards:
1. Program approval from the Michigan Department of Health and Human Services Community Health (MDHHS) Behavioral Health Developmental Disabilities Administration (BHDDA) is required for Prepaid Inpatient Health Plans' (PIHPs) providers of psychosocial rehabilitation Clubhouse services. (MDHHS approval is based on adherence to the requirements set forth in the Michigan Medicaid Provider Manual.)
 2. Clubhouses must acquire and maintain Clubhouse International Accreditation in order to ensure fidelity to the model of the evidence-based practice of Psychosocial Rehabilitation.
- C. Core components standards:
1. Member choice and involvement are hallmarks of the program.
 2. All members have access to Clubhouse services/supports and resources without differentiation based upon diagnosis or level of functioning.
 3. Members establish their own schedules of attendance and select a unit that they participate in on a regular basis during the ordered day.
 4. Clubhouse staff members actively engage and provide support to members on a regular basis in the activities and tasks that they have selected.
 5. Membership and access to services is based on each consumer's preferences and needs established through individualized person-centered planning processes.
 6. Members have formal and informal decision-making opportunities in all Clubhouse units and program structures in order to influence and shape program operations.
 7. Staff and members work side-by-side to generate and accomplish individual and team-based tasks and activities necessary for the development, support, and maintenance of the Clubhouse.
 8. Members have access to the Clubhouse during times other than the ordered day including evenings, weekends, and all holidays (i.e., New Year's Day, Memorial Day, Independence Day, Thanksgiving Day, and Christmas Day). Members determine how this standard will be met and if even only one member wants access on a holiday, services/supports will be provided, although not necessarily at the Clubhouse facility itself.

9. The structure and schedule of the Clubhouse identifies when the various program components occur (e.g., ordered day, vocational, and educational activities). Other activities (e.g., self-help groups and social activities) are scheduled prior to and following the ordered day.
10. Services directly related to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, completion or initiation of education or training, and other vocational assistance are available to members.
11. Supports for members, including opportunities for them to provide and receive support in the community (e.g., outreach, warm lines, self-help groups, housing supports, entitlements, food, clothing, basic necessities, or assistance in locating community resources), are available.
12. Social supports that involve opportunities for members to develop a sense of a community through planning and organizing Clubhouse social activities and exploration of recreational resources and activities in the community are based on the interests and desires of the membership; the membership determines both spontaneous and planned activities.
13. Symptom identification and care including:
 - a. Identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of relapses.
 - b. Gaining competence regarding how to respond to a psychiatric crisis.
 - c. Gaining competence in understanding the role psychotropic medication plays in the stabilization of well-being.
 - d. Working in partnership with members who express a desire to develop a crisis plan.
14. Competency building standards:
 - a. Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment).
 - b. Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).
 - c. Personal adjustment abilities to reduce dependency on professional caregivers and to enhance independence (e.g., developing and enhancing personal abilities in handling every day experiences and crises, such as stress management, leisure time management, coping with symptoms of mental illness).
 - d. Cognitive and adult role competency including task-oriented activities to develop and maintain cognitive abilities and maximize adult role functioning (e.g., increased attention, improved concentration, and improved memory to, enhance the ability to learn and establish the ability to develop empathy).
15. Environmental supports standards:
 - a. Identification of existing natural supports for addressing personal needs (e.g., families, employers, and friends).

- b. Identification and development of organizational support including sustaining personal entitlements and locating and using community resources or other supportive programs.
- D. Staffing standards:
- 1. Staff shall be of sufficient capacity to effectively administer the program, but allow the members sufficient latitude to participate meaningfully in it. Clubhouse staff shall include:
 - a. One full-time on-site Clubhouse director who has a minimum of a bachelor's degree in a health or human service field and is licensed, certified or registered by the State of Michigan or a national organization to provide health care services with two years' experience working at a Clubhouse accredited by Clubhouse International; or a master's degree in a health or human service field with appropriate licensure and one-year experience working at a Clubhouse.
 - 1). The Clubhouse manager is responsible for all aspects of Clubhouse operations, staff supervision and the coordination of Clubhouse services with case management and ACT. Central to this responsibility is the engagement of members and staff in all aspects of the Clubhouse's operations.
 - b. Other experienced professional staff who are licensed, certified, or registered by the State of Michigan or a national organization to provide health care services.
 - c. Other staff members who are not licensed, certified, or registered by the State of Michigan to provide health care services may be part of the program, but shall operate under the supervision of a qualified professional. This supervision must be documented.
 - 2. Clubhouse staff shall not include clinical staff (e.g., nurses, psychiatrists, or therapists); the Clubhouse is not a clinical setting and therefore does not offer psychotherapy or pharmacotherapy.
 - 3. Clubhouse staff members have generalist roles; all staff members share employment-related and other activities, evening and weekend, holiday and unit responsibilities; they shall not divide their time between the Clubhouse and other major work responsibilities.
 - 4. All Clubhouse staff must have a basic knowledge of the Clubhouse Model acquired through MDHHS approved Clubhouse-specific training within six months of hire, and then at least one MDHHS approved Clubhouse specific training annually.
 - a. As part of the accreditation process the Clubhouse director, members, and staff shall participate in a comprehensive training program in the Clubhouse Model conducted at an accredited Training Base Clubhouse.
 - b. A six-month follow-up site visit shall be scheduled with the Training Base Clubhouse.
 - c. This training requires the development of an action plan for developing the Clubhouse and upon returning from training all Clubhouses will submit their action plan to MDHHS.

- E. Membership standards:
1. Membership is voluntary and without time limits.
 2. The Clubhouse maintains control over its acceptance of new members.
 3. Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community.
 4. Members select the ways they utilize the Clubhouse and staff with whom they work; agreements, contracts, schedules, or rules intended to enforce participation of members shall not be put into effect.
 5. All members shall have equal access to every Clubhouse opportunity without differentiation based on diagnosis or level of functioning.
 6. Members, at their choice, shall be involved in the documentation of all records reflecting their participation in the Clubhouse; all such records are to be signed by both the member and staff.
 7. Members shall have a right to immediate re-entry into the Clubhouse community subsequent to any length of absence unless their return poses a threat to the Clubhouse.
 8. The Clubhouse shall provide outreach to members who are not attending, are becoming isolated in the community, or who have been hospitalized.
 9. All Clubhouse meetings shall be open to both members and staff; no formal member-only meetings or formal staff-only meetings where program decisions and member issues are discussed shall be held.
- F. Space standards:
1. The Clubhouse shall maintain its own identity, including its own name, mailing address, and telephone number.
 2. The Clubhouse shall be located in its own physical space separate from any mental health or institutional settings, and shall be impermeable to other programs.
 3. The Clubhouse will be designed to facilitate the ordered day as well as be attractive, adequate in size, and convey a sense of respect and dignity.
 4. All Clubhouse spaces shall be accessible to members and staff; no staff-only or member-only spaces shall be designated.
 5. The Clubhouse will be located in an area where access to local transportation can be assured for getting to and from the program as well as accessing transitional employment (TE) opportunities.
 - a. The Clubhouse shall provide or arrange for effective alternatives whenever access to public transportation is limited.
- G. Ordered Day standards:
1. The ordered day shall function to engage members and staff together, side-by-side, in the day-to-day Clubhouse operations in manner that focuses on strengths, talents and abilities; the ordered day shall not include medication clinics, day treatment, or therapy programs within the Clubhouse.
 2. The work conducted in the Clubhouse shall be exclusively work generated by the Clubhouse for its operation and enhancement; work for outside individuals or organizations, whether for pay or not, shall not be conducted within the program.

- a. Members shall not be paid for Clubhouse work and no artificial reward systems will be put in place to benefit the members.
 - b. The Clubhouse shall provide an ordered day at least five days a week, analogous to typical working hours.
 - c. The Clubhouse shall be organized into one or more work units, each of which has sufficient staff, members, and meaningful work to sustain a full and engaging ordered day.
 - a. Unit meetings will be held to foster relationships as well as to organize and plan the work of the day.
 - b. All work in the Clubhouse shall be designed to help members regain self-worth, purpose, and confidence; work in the Clubhouse is not intended to be job-specific training.
 - c. Members shall have the opportunity to participate in all work of the Clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, as well as advocacy and evaluation of the Clubhouse's effectiveness.
- H. Employment and education standards:
- 1. The Clubhouse shall enable its members to return to paid work through Transitional Employment (TE), Supported Employment (SE), and Independent Employment (IE); the Clubhouse does not provide employment to members through in-house businesses, segregated Clubhouse enterprises, or sheltered workshops.
 - a. Coordination with the SCCMHA Supported Employment Unit shall occur in order to provide access to SE and independent employment opportunities (e.g., microenterprises) for members.
 - 2. The Clubhouse shall offer its own Transitional Employment (TE) program as a right of membership to provide opportunities for members to work in job placements in business and industry.
 - a. The Clubhouse shall guarantee coverage on all placements during member absences.
 - b. The Transitional Employment program shall meet the following criteria.
 - 1). The desire to work is the single most important factor determining placement opportunities.
 - 2). Placement opportunities will continue to be available regardless of success or failure in previous placements.
 - 3). Members work at employers' places of business.
 - 4). Members are paid the prevailing wage rate, but at least minimum wage, directly by employers.
 - 5). TE placements are drawn from a wide variety of job opportunities.
 - 6). TE placements are part-time and time-limited (generally fifteen to twenty hours per week for six to nine months).
 - 7). The selection and training of members in TE is conducted by the Clubhouse rather than employers.

- 8). Clubhouse members and staff shall prepare reports on TE placements for SCCMHA and other agencies dealing with members' benefits.
 - 9). TE placements are managed by Clubhouse staff and members rather than TE specialists.
 - 10). No TE placements shall be provided within the Clubhouse; such placements are off-site and meet the above criteria.
 - 11). The Clubhouse will assist and support members to secure, sustain, and subsequently achieve improved employment opportunities.
 - 12). Members who are working independently will continue to have all Clubhouse supports and opportunities (including advocacy for entitlements, and assistance with housing, clinical, legal, financial, and personal issues) as well as participation in evening and weekend programs available to them.
 - 13). The Clubhouse shall assist members to further their vocational and educational goals by helping them take advantage of adult education opportunities in the community including General Education Development (GED) resources and local institutions of higher education (e.g., community colleges).
 - a). Members shall also receive help with admission and applying for financial aid.
 - b). When the Clubhouse provides an in-house educational program, it will utilize the teaching and tutoring skills of members.
 - 14). The Clubhouse shall be committed to securing a range of choices of safe, decent, and affordable housing for all members and shall have access to the SCCMHA Housing Resource Unit.
 - 15). Community support services/activities will be provided by members and staff and be centered in the work unit structure of the Clubhouse. These shall include assistance with entitlements, housing, and advocacy, as well as assistance in finding quality medical, psychological, pharmacological, and substance abuse treatment services in the community.
3. The Clubhouse shall provide its members with assistance in benefits planning.
 - I. Wellness supports standards:
 1. The Clubhouse shall support enhanced physical wellness through programming that may include exercise, tobacco cessation, health nutrition, weight loss and other wellness activities that may include the use of community resources (e.g., memberships in the local YMCA).
 - J. Recovery support standards:

1. Each member's goals for participation in the Clubhouse are based upon their Individual Plan of Service and developed through a person-centered planning process. Such goals may include:
 - a. Improved community living skills including self-care, grooming, cooking, money management, etc.
 - b. Improved personal and interpersonal skills including interpersonal problem-solving, relationship skills including empathy and conversational competency, developing a positive self-image, effective stress management skills, leisure time management skills, coping with symptoms of a mental illness, and others.
 - c. Improved symptom and illness management skills including the identification and management of triggers and prodromal symptoms, effective management of psychiatric crises, the role of pharmacotherapy, and others.
 - d. Educational/vocational/career opportunity development including learning how to apply for a job, job interview skills, managing co-worker relationships, and others.
 - e. Social support network development including the development of natural supports.
 - f. Linkages with various community resources that support community inclusion.
 - g. Increased independence including improved self-efficacy and enhanced decision-making capacity.
 - h. Enhanced overall psychosocial functioning.
- K. Funding, governance, and administrative standards:
 1. The Clubhouse shall maintain an independent advisory board comprised of individuals that can provide fiscal, legal, legislative, consumer, and community support and advocacy.
 2. The Clubhouse shall maintain its own operating budget that is approved prior to the beginning of the fiscal year and is routinely monitored.
 3. The Clubhouse shall be provided support by SCCMHA.
 4. The Clubhouse shall maintain MDHHS certification.
 5. The Clubhouse will collaborate with individuals and organizations that can increase its effectiveness in the broader community.
 6. The Clubhouse will enable members and staff to actively participate in decision-making, generally by consensus, regarding governance, policy-making, and future directions and development of the Clubhouse.
 7. The Clubhouse will conduct an objective evaluation of its effectiveness on a regular basis.
 8. The Clubhouse director, members, staff, and other appropriate persons will participate in relevant training related to the Clubhouse psychosocial rehabilitation program model.
 9. The Clubhouse will offer recreational and social programs during evenings and on weekends, and holidays will be celebrated on the actual day they are observed.
- L. Documentation standards:

1. Members' progress shall be documented on a monthly basis at a minimum
2. Progress notes shall be integrated into unit work whenever possible
3. Members shall have the opportunity to document their own progress in the record

Definitions:

Clubhouse: Programs that provide a wide range of services and supports that are designed to help people living with severe psychiatric disorders recover, achieve, and maintain community integration. Clubhouses are organized around the ordered day and participants (i.e., members) work with a small number of professional staff to operate the program. The ordered day enables individuals experiencing unemployment due to a mental illness to go to work each day side-by-side supportive peers and helpful professionals. Traditional mental health services that tend to focus on treating illnesses are not provided; the focus is almost entirely on the strengths of the membership rather than the problems caused by mental illnesses.

The first psychosocial rehabilitation Clubhouse was started in 1947 by a group of people with a mental illness who realized they could help each other in their recovery. The original group, called WANA (We Are Not Alone) became Fountain House in New York City which was established in 1948. Professional staff members were hired by the clients and a partnership between staff and members developed to create opportunities for people with mental illnesses to function as respected members of society.

Clubhouses use an ordered day which parallels traditional hours of work. Members come to the Clubhouse and have an opportunity to contribute to the completion of its daily functions (e.g., reception, orientation of new members, data entry, creation of newsletters and mailings, public relations, devising menus, food preparation, and clean-up). A critical component is job placement for persons who are either ready to work in a TEP (Transitional Employment Position) or are ready to start competitive employment. Clubhouses help members secure and maintain employment that fits their talents and capabilities. Clubhouses provide the following services

- An organization (a place) to which a person can belong, contribute, and experience feelings of ownership. In such a work-like setting, people acquire real coping and life skills that make successful community integration possible.
- Peer Support Services: The Clubhouse community functions as a support group for persons who have struggled with mental illness in isolation. Members help other members resolve crises, obtain resources, and pursue rehabilitation goals.
- Crisis Intervention: Clubhouse programs have been shown to reduce the use of more expensive mental health crisis services (e.g., crisis clinics, emergency rooms, and hospital beds). Members can turn to their Clubhouse community for help in times of crisis.
- Prevocational Services: Research has demonstrated that Clubhouse programs, through the structure and activity provided in the Clubhouse work units, help individuals with severe psychiatric disorders who are not interested in employment when they join the Clubhouse become interested in and obtain employment.
- Vocational Rehabilitation Services designed specifically for the unique needs of persons who live with mental illnesses.
- Supported Education Services: Clubhouses assist members to further their vocational and educational goals by helping them take advantage of adult education

opportunities in the community. In addition, Clubhouses provide in-house educational programs that significantly utilize the teaching and tutoring skills of members.

- Case Management Services: Other members and Clubhouse staff provide a full range of community support services and assist members with resource acquisition.

Ordered Day (also referred to as work-ordered day): A basic component of the Clubhouse program that provides opportunities for members to regain a sense of self-worth, purpose, and confidence. It is comprised of tasks and activities essential to the operation of the Clubhouse, usually taking place during traditional work hours, and conducted in organizational units determined by the Clubhouse to accomplish work necessary for its operation and meet the needs of its members. Participation in the ordered day provides opportunities for developing a variety of interpersonal and vocationally related skills but is not intended to be job-specific training. Members' participation in the ordered day provides experiences that support their recovery, and is designed to assist them in the acquisition of personal, community, and social competencies as well as establish and navigate environmental support systems.

Transitional Employment (TEP): A a vocational strategy for integrating adults with mental illness into the paid labor force. TEPs are part-time, time limited (generally fifteen to twenty hours per week for six to nine months) job placements at minimum wage or higher, drawn from a wide variety of business or work settings in the community. Transitional Employment was created in the early 1960s at Fountain House in New York City to specifically address the needs of persons with severe mental illnesses.

References:


- A. International Center for Clubhouse Development (ICCD):
 - 1. Accreditation: <http://www.iccd.org/certification.html>
 - 2. Standards and Guidelines:
http://www.iccd.org/images/employment_guidelines_2012.pdf
- B. Michigan Medicaid Provider Manual: [MedicaidProviderManual.pdf \(state.mi.us\)](#)
- C. MSA Bulletin 15-42 (issued October 30, 2015, effective, December 1, 2015): *Revisions to the Mental Health/Substance Abuse Chapter of the Medicaid Provider Manual, Clubhouse Psychosocial Rehabilitation Programs Section*:
http://content.govdelivery.com/attachments/MIDHHS/2015/10/30/file_attachments/441930/MSA%2B15-42.pdf
- D. SAMHSA's (Substance Abuse and Mental Health Services Administration) NREPP (National Registry of Evidence-based Programs and Practices). ICCD (International Center for Clubhouse Development) Clubhouse Model
- E. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- F. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

None

Procedure:

None

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Peer Support Services	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.03.09.15
Effective Date: 6/4/14	Date of Review/Revision: 4/27/15, 6/8/16, 8/11/16, 6/13/17, 9/27/17, 4/10/18, 4/9/19, 10/21/19, 3/10/21, 1/12/22, 3/31/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Network Services, Public Policy, & Continuing Education
	Supersedes: 02.03.19	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Mary Baukus, Barbara Glassheim Additional Reviewers: EBP Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the provision of peer support services.

Policy:

- A. The promotion of a peer culture and peer support (i.e., people helping people) throughout the SCCMHA system is a critical element of a recovery-oriented, resiliency-building, trauma-informed behavioral health care system. SCCMHA will promote and support a vibrant peer culture in recognition of the experience of consumers of mental health and substance use disorder treatment services, youth with serious emotional disturbances, families, and persons with intellectual/developmental disabilities as an important component of effective service and support delivery.
- B. Peers will offer assistance by using their personal and practical experience, knowledge, and first-hand insight on recovery from a mental illness and/or co-occurring substance use disorder, and community inclusion, and independence, and peer mentoring for adults with an intellectual/developmental disability. They will offer support to consumers to help them discover their hopes and dreams, strengths and challenges, and develop plans that facilitate progress toward independence, resiliency, and/or recovery. Peers will also support staff in maintaining a recovery/resiliency and trauma-informed orientation by modeling the principles of inclusion, cultural competence, trustworthiness, empowerment, and independence.

Application:

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

Standards:

- A. SCCMHA shall promote SAMHSA's core principles and values for behavioral health services peers:
 - 1. Recovery-oriented: Peer support provides a hopeful framework for the person to envision a meaningful and purposeful life, recognizing that there are multiple pathways to recovery.
 - 2. Person-centered: Peer support is directed by the person participating in peer support service. Peer support is personalized to meet the specific hopes, needs and goals of an individual.
 - 3. Non-coercive: Peer support never involves force and participation in peer support is always voluntary.
 - 4. Relationship-focused: Peer support centers on the affiliation between peers. Characteristics of the relationship are: respectful, empathetic, and mutual.
 - 5. Trauma-informed care: Peer support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.
- B. SCCMHA shall promote SAMHSA's core competencies for behavioral health services peers which include:
 - 1. Engaging peers in collaborative and caring relationships:
 - a. Listening to peers with careful attention to the content and emotion being communicated
 - b. Reaching out to engage peers across the whole continuum of the recovery process
 - c. Demonstrating genuine acceptance and respect
 - d. Demonstrating understanding of peers' experiences and feelings
 - 2. Providing support:
 - a. Validating peers' experiences and feelings
 - b. Encouraging the exploration and pursuit of community roles
Conveying hope to peers about their own recovery
 - c. Celebrating peers' efforts and accomplishments
 - d. Providing concrete assistance to help peers accomplish tasks and goals
 - 3. Sharing lived experiences of recovery:
 - a. Relating their own and others' personal recovery stories to peers to inspire hope
 - b. Discussing ongoing personal efforts to enhance health, wellness, and recovery
 - c. Recognizing when to share experiences and when to listen
 - d. Describing personal recovery practices and helping peers discover recovery practices that work for them
 - 4. Personalizing peer support:

- a. Understanding his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
 - b. Appreciating and respecting the cultural and spiritual beliefs and practices of peers and their families
 - c. Recognizing and responding to the complexities and uniqueness of each peer's process of recovery
 - d. Tailoring services and support to meet the preferences and unique needs of peers and their families
5. Recovery planning:
- a. Assisting and supporting peers to set goals and to dream of future possibilities
 - b. Proposing strategies to help a peer accomplish tasks or goals
 - c. Supporting peers to use decision-making strategies when choosing services and supports
 - d. Helping peers to function as a member of their treatment/recovery support team
 - e. Researching and identifying credible information and options on the Internet and through other resources
6. Linking to resources, services, and supports:
- a. Developing and maintaining up-to-date information about community resources and services, both indigenous and formal
 - b. Assisting peers to investigate, select, and use needed and desired resources and services, both indigenous and formal
 - c. Helping peers to find and use health services and support
 - d. Accompanying peers to community activities and appointments
 - e. Participating in community activities with peers
7. Teaching information and skills:
- a. Educating peers about health, wellness, recovery, and recovery supports
 - b. Participating with peers in discovery or co-learning to enhance recovery experiences
 - c. Coaching peers about how to access services and navigate systems of services
 - d. Coaching peers in desired skills and strategies
 - e. Educating family members and other supportive individuals about recovery and recovery supports
 - f. Using teaching strategies that match the preferences and needs of individual peers
8. Helping peers to manage crises by:
- a. Recognizing signs of distress and threats to safety among peers and in their environments
 - b. Providing reassurance to peers who are in distress
 - c. Striving to create safe spaces when meeting with peers
 - d. Taking action to address distress or a crisis by using knowledge of local resources and service and support preferences of individual peers

- e. Assisting peers in developing advance directives and other crisis prevention tools
9. Communication skills that include:
 - a. Using respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
 - b. Using active listening skills
 - c. Clarifying their understanding of information when in doubt of the meaning
 - d. Conveys their point of view when working with colleagues
 - e. Documenting information as required by program policies and procedures
 - f. Following laws and rules concerning confidentiality and respects others' rights for privacy
 10. Collaboration and teamwork:
 - a. Works together with other colleagues to enhance the provision of services and supports
 - b. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
 - c. Coordinates efforts with health care providers to enhance the health and wellness of peers
 - d. Coordinates efforts with peers' family members and other natural supports
 - e. Partners with community members and organizations to strengthen opportunities for peers
 - f. Strives to resolve conflicts in relationships with peers and others in their support network
 11. Leadership and advocacy:
 - a. Using knowledge of relevant rights and laws (ADA, HIPAA, 42 CFR, Olmstead, etc.) to ensure that peer's rights are respected
 - b. Advocating for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
 - c. Using knowledge of legal resources and advocacy organization to build an advocacy plan
 - d. Participating in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
 - e. Educating colleagues about the process of recovery and the use of recovery support services
 - f. Actively participating in efforts to improve the organization
 - g. Maintaining a positive reputation in peer/professional communities
 12. Growth and development:
 - a. Recognizing the limits of their knowledge and seeks assistance from others when needed
 - b. Using supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)

- c. Reflecting and examining own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
 - d. Seeking opportunities to increase knowledge and skills of peer support
- C. Peer Support Specialists shall be present or past consumers of mental health services who are assigned to participate as full-fledged members of multidisciplinary teams and work with consumers in a range of settings, including treatment offices, consumers' homes, hospitals, community settings, and transport vehicles.
- D. Peer Support Specialists shall provide a wide range of peer support services to consumers to assist them in gaining/regaining control over their lives and the recovery process as well as attain personal goals of community membership, independence, and productivity.
- E. Peer Support Specialists will assist in the development and maintenance of a recovery-oriented environment by providing any of the following services to consumers:
 - 1. Modeling and teaching effective communication, recovery-oriented living, and effective coping/problem-solving skills, as well as self-help strategies.
 - 2. Assisting consumers in developing self-empowerment skills via self-advocacy and stigma-busting.
 - 3. Assisting consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers' recovery/life goals; peer support specialists will be actively involved in developing consumers' person-centered recovery plans.
 - 4. Orienting new consumers to SCCMHA-delivered services and supports.
 - 5. Providing input to traditional treatment staff colleagues during staff and person-centered planning meetings.
 - 6. Functioning as liaisons to community resources and assisting consumers in accessing and using such resources.
 - 7. Advocating for the full integration of consumers into communities of their choice and promoting the inherent value of those individuals to those communities.
- F. Veteran Peer Support Specialists may serve in all the same capacities as a Peer Support Specialist with the specification that they serve the Veteran population.
- G. Peer Mentors shall:
 - 1. Help people with disabilities advocate for their own goals
 - 2. Assist consumers in building their own independent lives
 - 3. Assist consumers with person-centered planning goals
 - 4. Help build bridges to people and resources within the community
 - 5. Involve the consumer's circle of support
 - 6. Are guided by the principle of self-determination for all
- H. Parent-to-Parent Support shall be made available to support parents/families of children with serious emotional disturbance (SED) or intellectual/developmental disabilities in order to help them to become empowered, confident and acquire skills that will enable them to assist their child to improve in functioning.

1. Parents who provide parent-to-parent support shall have the lived experience of raising a child with special mental health needs.
 2. Parents providing support services to other parents/families shall receive SCCMHA/MDHHS approved training.
 3. Parent-to-Parent services shall include the provision of:
 - a. Education
 - b. Training
 - c. Support
 - d. Enhancement of the assessment and mental health treatment process
 4. Parent support activities shall be provided in the home and in the community.
- I. Peer Health & Wellness Specialists shall work as part of the consumer's Health Home & Wellness team and focus on helping to remove personal and environmental obstacles to health care access for SCCMHA adult consumers with a serious mental illness by offering support to individuals, their family members, and caregivers.
1. Peer Health & Wellness Specialists shall provide the following services and supports:
 - a. Connect consumers to education programs that promote prevention and understanding of chronic health conditions
 - b. Assist in the coordination of care with physical health providers and serve as a consumer advocate
 - c. Provide individualized health coaching to consumers to achieve their health objectives and wellness goals.
 - d. Share their knowledge to help coach others about managing their mental and physical health.
 - e. Support consumers in learning how to make good choices for themselves
 - f. Seek input from consumers to create and adapt wellness goals to overcome barriers to good mental and physical health based on the needs of consumers
 - g. Co-facilitate groups or classes to support improved health outcomes for adults with severe mental illness such as PATH (Personal Action Toward Health) classes
 - h. Promote consumer engagement with: primary care, therapy with clinicians, engagement with psychiatric appointments, and wellness services
- J. Peer Recovery Coaches shall provide the following to help consumers establish self-sustaining recovery from substance use disorders:
1. Recovery Planning: An opportunity for the recovery coach and consumer to assess what services are needed and to develop a plan. Recovery planning can involve, but be not limited to identifying triggers for use, developing a relapse prevention plan, and building a support network.
 2. Relationship Building: A recovery coach can assist the consumer in developing social skills needed to maintain healthy relationships or

- establish new ones. This often requires assisting the consumer with repairing, or rebuilding new support network to achieve lasting recovery.
3. Leisure Activity Planning: Consumers can benefit from recovery support services when they learn new ways to have fun without drugs and alcohol. The coach can assist skill building efforts such as time management and positive social activities
 4. Behavior Education: Research shows that addiction is a chronic, relapsing disease. The recovery coach can educate the consumer regarding relapse prevention and identify relapse indicators as part of the recovery plan.
- K. Youth Peer Support (YPS) services shall be made available to support youth with severe emotional disturbances, particularly those who may be involved in multiple systems (behavioral health, child welfare, juvenile justice, special education, etc.).
1. The goals of Youth Peer Support services shall be included in the consumer's individualized plan of service and mutually identified in active collaboration with the consumer receiving services.
 2. Youth Peer Support Specialist shall meet the following qualifications:
 - a. Aged 18 through 26, with the lived experience of having received mental health services as a youth
 - b. Willing and able to self-identify as a person who has or is receiving behavioral health services use that experience in helping others
 - c. Experience receiving services as a youth in complex, child serving systems preferred (behavioral health, child welfare, juvenile justice, special education, etc.).
 - d. Participation in the MDHHS approved curriculum and ongoing training model
- L. Consumers shall be given a choice, where possible, of peer support service providers.
- M. Supervision shall be provided to peers.
1. Peer Support Specialists shall be provided with supervision by qualified mental health professionals.
 2. Peer Mentors shall be provided with supervision by qualified intellectual/developmental disability professionals.
 3. Parent Support Partners shall be provided with supervision by qualified mental health and/or intellectual/developmental disability professionals.
 4. Recovery Coaches shall receive weekly supervision from designated agency staff.
 5. Professional staff shall supervise Youth Peer Support.
- N. Peers shall receive appropriate training for their roles.
1. Support Specialists shall receive standardized and accredited training and meet MDHHS' (Michigan Department of Health and Human Services) specialized training and certification requirements.
 2. Peer Mentors shall attend the Michigan Developmental Disabilities Council's Peer Mentoring 101 training.
 3. Peer Recovery Associates must receive training that includes:
 - a. Gaining knowledge of community resources
 - b. Listening skills

- c. Taking a non-judgmental stance (the ability to respond positively and provide assistance to an individual regardless of personal opinions, experiences, and choices)
 - d. Understanding of confidentiality
 - e. Establishing boundaries
 - f. Possessing an attitude that there are many paths to recovery (none are any better than another)
- 4. Peer Recovery Coaches must successfully complete the MDHHS Peer Recovery Coach training for certification.
- 5. Youth Peer Support Specialists complete the MDHHS-approved training curriculum.
- 6. Peer Mentors shall attend the Michigan Developmental Disabilities Council's Peer Mentor 101 training and complete a supervised 90-120 hour internship at an SCCMHA-funded agency and receive certification from the Michigan Developmental Disabilities Council.
- 7. Parent Support Partners (peer-parents) who provide family support and training to parents of children with SED must complete MDHHS-endorsed training and receive a Certificate of Completion of the initial three (3)-day training curriculum.
- O. Each SCCMHA-funded adult case management/ACT team must include at least one PSS position. Programs providing services and supports for persons with intellectual/developmental disabilities shall also provide PSS services.
- P. Peer Recovery Support Services will recognize core values in an individual's recovery, their families, and their community allies are critical resources that can effectively extend, and enhance formal treatment services.
 - 1. SAMSHA recognizes the following core competencies, principles and values:
 - a. **RECOVERY-ORIENTED:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
 - b. **PERSON-CENTERED:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.
 - c. **VOLUNTARY:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.
 - d. **RELATIONSHIP-FOCUSED:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between

- the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.
- e. TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Definitions:

Certified Peer Recovery Mentor (CPRM-M) is an individual who has been successful in their own recovery and is prepared to share their experience and knowledge with others at an earlier stage of recovery from alcohol and/or drug dependency. The Certified Peer Recovery Mentor credential is for peer recovery mentors working within licensed substance abuse service provider organizations, with a minimum of 500 hours of working experience, 25 or more hours documented supervision, and completion of a minimal set of education requirements. (*Michigan Certification Board for Addiction Professionals [MCBAP], 2013*)

Certified Peer Support Specialist (CPSS) is an individual with a lived experience and journey in receiving public mental health services and supports. Certified Peer Support Specialists are employed in a variety of settings including consumer-run organizations, employment, psychosocial rehabilitation programs, housing outreach, supports coordination and integrated behavioral health and primary care. They provide direct services to support others with health navigation, accessing resources, and supporting a person-centered recovery journey to achieve community inclusion and participation, independence, recovery and resiliency. (*Michigan Developmental Disabilities Council*)

Parent-to-Parent Support is designed to support the parents/families of children with a serious emotional disturbance or intellectual/developmental disability as part of the treatment process to be empowered, confident and possess skills that will enable them to assist their child to improve in functioning. The trained parent support partner currently has or previously had a child with special mental health needs. Parent support partners provide education, training, and support, and augment the assessment and mental health treatment process. A parent support partner provides these services to the parents and their family in the home and in the community. Parent support partners receive regular supervision and team consultation by the treating professionals. [Adapted from the *MDHHS Medicaid Provider Manual*]

Parent Support Partners serve as equal members of treatment teams and assist in identifying goals within the Person Centered/Family Centered Plan that will support parents to develop skills, knowledge, resources, and confidence in parenting a child with serious emotional disturbance (SED) and/or an intellectual/developmental disability (I/DD). This service is provided by another parent who has first-hand experience navigating the public child serving agencies and raising a child with mental health challenges. Services focus on increasing confidence and competence in parenting skills, increasing the parent's knowledge to better navigate systems and partner with service providers, and empower the parent to develop sustainable, natural support networks after formal service delivery has ended. [Adapted from the *MDHHS Medicaid Provider Manual*]

Peer is a person who has lived experience with a psychiatric, traumatic, and/or addiction condition, and may benefit from peer recovery support in the context of peer recovery support. (*International Association of Peer Supporters [iNAPS], 2013*)

A peer is a person in a journey of recovery who identifies with an individual based on a shared background and life experience. (*Michigan DCHODCP, 2012*)

Peer Mentor is a person with an intellectual/developmental disability who has learned problem solving strategies, how to be a self-advocate, how to live a self-determined life, and knows how to access services and resources in the community. Peer Mentors offer the benefit of their experiences, passing along encouragement and support to help others construct their own advocacy to bring about the changes they want for their lives. (*MDDHHS*)

Peer Recovery Associate is an individual who assists a peer recovery coach by engaging in designated peer support activities. Peer recovery associates receive an orientation and brief training in the functional aspect of their role by the entity that will utilize them to provide supports. These individuals are not trained to the same degree as peer recovery coaches. A peer recovery associate must have a minimum of six (6) months in recovery (*Michigan DCHODCP, 2012*)

Peer Recovery Coach is a peer specifically trained to provide advanced peer recovery support services in Michigan. A peer recovery coach works with individuals during their recovery journey by linking them to the community and its resources. A peer recovery coach serves as a personal guide or mentor, helping the individual overcome personal and environmental obstacles to recovery. Peer recovery coaches must have two continuous years in recovery at some point in time after the age of 18. (*From MDHHS Peer Recovery Coach application, 2022*)

Peer Recovery Support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic, or addiction challenges. This support is provided by peer recovery supporters – i.e., people who have “lived experience” – and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families Peer recovery support services are inherently designed, developed, delivered, evaluated, and supervised by Substance Abuse Treatment Specialists (SATS) or Substance Abuse Treatment Practitioner (SATP) when in a setting that receives Medicaid reimbursement. Programs funded by the Substance Abuse Block Grant (SABG) and/or Public Act 2 (PA2) funding shall receive ongoing supervision by a case manager, treatment practitioner, prevention staff, or an experienced Certified Peer Recovery Coach who has over two continuous years in recovery and over two years in the direct provision of recovery coach services and supports. (*From MDHHS Bulletin MSA 22-01, 2022 and the International Association of Peer Supporters [iNAPS], 2013*)

Peer Recovery Support Services may include peer mentoring, peer-led support groups, parenting classes, job readiness training, wellness seminars, childcare, transportation, help with accessing community health and social services, recovery centers, sports league participation, and alcohol- and drug-free socialization opportunities. (*SAMHSA, 2009*)

Peer Recovery Supporter is someone who has experienced the healing process of recovery and, as a result, can offer assistance and support to promote another peer's own personal recovery journey. (*International Association of Peer Supporters [iNAPS], 2013*)

Peer Services include Medicaid Managed Care 1915 (b) (3) waiver services which promote community inclusion and participation, independence and productivity, of which two broad categories found in the Michigan Medicaid Provider Manual: peer-delivered and operated support services (e.g., peer support specialists, peer mentors, etc.), and peer run drop-in centers.

Peer Support Relationship: The qualities that make an effective peer supporter are best defined by the individual receiving support, rather than by an organization or provider of care. Matching peer recovery supporters with peers often encompasses shared cultural characteristics, such as age, gender, ethnicity, language, sexual orientation, co-occurring conditions, experience in the military or with the criminal justice system, or other identity-shaping life experiences that increase common language, mutual understanding, trust, confidence, and safety. (*International Association of Peer Supporters [iNAPS], 2013*)

Peer Support Services consist of activities that focus on helping consumers assume control over their lives and recovery and/or resilience building process. Peer support can include peer mentoring or coaching, helping consumers find and access resources, advocating for consumers, and facilitating and leading recovery, support or educational groups. Peer support is provided by persons with lived experience.

Peer Support Specialist (PSS) is a person with a mental illness and/or co-occurring substance use disorder and/or intellectual/developmental disability who has been trained to help her/his peers identify and achieve specific life goals. Peer Support Specialists cultivate the ability of those they assist to make informed, independent choices and set goals, and gain information and support from the community to achieve those goals. They promote personal responsibility, empowerment, and self-determination inherent in self-directed recovery and resiliency, and assist people with mental illnesses and intellectual/developmental disabilities in gaining/regaining control over their own lives and their own recovery process and achievement of independence. Peer Support Specialists model competency in recovery/resiliency and maintaining ongoing wellness. It should be noted that the role of peer support specialists is not interchangeable with that of traditional staff members who typically operate from the perspectives of their training and/or licensure. Peer Support Specialists operate from the perspective of "having been there" and lend unique insight into mental illnesses, substance use disorders, and intellectual/developmental disabilities and factors that make recovery and the achievement of community integration possible.

Recovery is defined as the process in which people are able to live, work, learn, and fully participate in their communities. For some individuals, recovery entails being able to live a fulfilling and productive life despite a disability. For others, recovery signifies the reduction or complete remission of symptoms of an illness.

Recovery Community includes individuals with a history of alcohol and drug problems who are in or seeking recovery, including those currently in treatment; as well as family members, significant others, and other supporters and allies. (SAMHSA)

Resiliency is defined as the ability of an individual to function competently in the face of adversity or stress.

Veteran Peer Support may be defined as the help and support given by veterans to veterans through shared experiences and/ or an experience of a mental health illness related to their military life. It may be social, emotional, or practical support but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it.

Veteran Peer Support Specialist is an individual who has served in the U.S. Military and has a mental health and/or co-occurring condition, who has been trained to help others identify and achieve specific life and recovery goals. They help fellow Veterans navigate the VA system, facilitate support groups, and provide information on community resources while actively being engaged in their own recovery.

Youth Peer Support (YPS) are designed to support youth with a serious emotional disturbance through shared activities and interventions. The goals of Youth Peer Support include supporting youth empowerment, assisting youth in developing skills to improve their overall functioning and quality of life, and working collaboratively with others involved in delivering the youth's care. Youth Peer Support services can be in the form of direct support, information sharing and skill building.

Youth Peer Support Services are provided by trained youth peer support specialists, one-on-one or in a group, for youth with a serious emotional disturbance who are resolving conflicts, enhancing skills to improve their overall functioning, integrating with community, school and family and/or transitioning into adulthood. Services provide support and assistance for youth in accordance with the goals in their plan of service to assist the youth with community integration, improving family relationships and resolving conflicts, and making a transition to adulthood, including achieving successful independent living options, obtaining employment, and navigating the public human services system. Youth Peer Support activities are identified as part of the assessment and the person-centered/family-driven, youth-guided planning process.

Youth Peer Support Specialists are young adults aged 18 through 26 who have lived experience navigating behavioral health systems and must participate in and complete the approved MDHHS curriculum and ongoing training. A Youth Peer Support Specialist is willing and able to self-identify as a person who is receiving or has been the recipient of behavioral health services and is prepared to use that experience to help others. Youth Peer Support Specialists shall receive regular supervision by a child mental health professional and shall participate as an active member of the treatment team.

References:

- A. Medical Services Administration Bulletin 16-39 – Peer Mentor Training: https://www.michigan.gov/documents/mdhhs/MSA_16-39_543833_7.pdf
- B. Medical Services Administration Bulletin 17-45 – Peer Recovery Coach Certification: https://www.michigan.gov/documents/mdhhs/MSA_17-45_609942_7.pdf
- C. Medical Services Administration Bulletin 22-01, March 1, 2022, Peer Recovery Coach Training: [HASA-22-01.pdf \(govdelivery.com\)](https://www.govdelivery.com/HASA-22-01.pdf)

- D. Michigan Certification Board for Addiction Professionals. (2023). Certification information for Certified Peer Recovery Mentor: <https://mcbap.com/cprm-certified-peer-recovery-mentor/>
- E. Michigan Medicaid Provider Manual: <https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
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- L. SCCMHA Policy 02.03.05 – Recovery
- M. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- N. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
- O. Social Security Act Section 1915 (b) (3) Waiver

Exhibits:

- A. Michigan Certified Peer Support Specialist Code of Ethics, updated 2021
- B. Michigan Certified Peer Recovery Coach Code of Ethics, updated 2022
- C. Core Competencies for Peer Workers in Behavioral Health Services (SAMHSA)
- D. Peer Related Medicaid Services Guidance

Procedure:

None

Exhibit A

Michigan Certified Peer Support Specialists Code of Ethics

Certified Peer Support Specialists will maintain high standards of professional conduct in a manner that fosters hope and recovery while practicing self-care.

Certified Peer Support Specialists will advocate and support for the full integration of individuals into the communities of their choice.

Certified Peer Support Specialists will improve their knowledge and skills through ongoing education and share that knowledge with colleagues and individuals they serve.

Certified Peer Support Specialists will value diversity, equity and inclusion and will not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, sex, sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition, or state.

Certified Peer Support Specialists will respect the privacy of those they serve and will abide by State and Federal privacy and confidentiality laws.

Certified Peer Support Specialists will inform supervisor(s) or other members of the treatment team/agency immediately of any reported or suspected intent of serious harm to self or others or abuse from caregivers with those they serve.

Certified Peer Support Specialists will respect the rights and dignity of those they serve and shall not force any values or beliefs onto the person engaging in services.

Certified Peer Support Specialists will not engage in sexual or intimate relationships with individuals they serve, their relatives or others with whom they maintain a close personal relationship with.

Certified Peer Support Specialists will avoid relationships that conflict or create risk of harm in the best interest of individuals they serve. When dual relationships are unavoidable, it is the responsibility of the Certified Peer Support Specialist to seek supervisory consultation.

Certified Peer Support Specialists will not give, lend, borrow and/or accept gifts, of significant value, including financial transactions, from persons they serve.

Certified Peer Support Specialists will conduct themselves in a manner that fosters their own recovery and recognize the many ways in which they may influence peers and others in the community, as they serve as a role model.

Certified Peer Support Specialists will share relevant parts of their recovery story to provide hope at a time when it is beneficial to the person served.

Certified Peer Support Specialists will provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.

Certified Peer Support Specialists will provide support for those they serve through all stages of recovery.

Updated 2021

Michigan Certified Peer Recovery Coach Code of Ethics

March 2022

Certified Peer Recovery Coaches (CPRC), as professionals, who are credentialed by the State of Michigan acknowledge and agree to follow the code of ethics. The standards listed below will direct CPRCs as they function in their roles in providing recovery support services with the persons they serve.

1. **Peer Recovery Coaches** will actively pursue recovery in their own lives as well as role model recovery for others.
2. **Peer Recovery Coaches** will assist and advocate for the persons they serve in achieving their needs, personal pursuits, and self-directed goals.
3. **Peer Recovery Coaches** will advocate for and support all pathways to and of recovery.
4. **Peer Recovery Coaches** will intentionally value and actively implement diversity, equity, and inclusion.
5. **Peer Recovery Coaches** will not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, sex, sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, or condition.
6. **Peer Recovery Coaches** will not pursue or engage in sexual or intimate relationships through the use of technology or in-person with individuals they serve, their relatives or others with whom they maintain a close personal relationship with.
7. **Peer Recovery Coaches** will respect the privacy of those they serve and will abide by confidentiality as required by state and federal law.
8. **Peer Recovery Coaches** will not give, lend, borrow and/or accept gifts, of significant value, or personal favors of any kind, from persons they serve.
9. **Peer Recovery Coaches** will improve their knowledge and skills of recovery services through ongoing education and trainings.
10. **Peer Recovery Coaches** will share their lived experiences to inspire hope, encourage change, and assist to identify resources and supports that promote recovery.

CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

1. Initiates contact with peers
2. Listens to peers with careful attention to the content and emotion being communicated
3. Reaches out to engage peers across the whole continuum of the recovery process
4. Demonstrates genuine acceptance and respect
5. Demonstrates understanding of peers' experiences and feelings

Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

1. Validates peers' experiences and feelings
2. Encourages the exploration and pursuit of community roles
3. Conveys hope to peers about their own recovery
4. Celebrates peers' efforts and accomplishments
5. Provides concrete assistance to help peers accomplish tasks and goals

Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

1. Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope
2. Discusses ongoing personal efforts to enhance health, wellness, and recovery
3. Recognizes when to share experiences and when to listen
4. Describes personal recovery practices and helps peers discover recovery practices that work for them

Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4. Tailors services and support to meet the preferences and unique needs of peers and their families

Category V: Supports recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1. Assists and supports peers to set goals and to dream of future possibilities
2. Proposes strategies to help a peer accomplish tasks or goals
3. Supports peers to use decision-making strategies when choosing services and supports
4. Helps peers to function as a member of their treatment/recovery support team
5. Researches and identifies credible information and options from various resources

Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

1. Develops and maintains up-to-date information about community resources and services
2. Assists peers to investigate, select, and use needed and desired resources and services
3. Helps peers to find and use health services and supports
4. Accompanies peers to community activities and appointments when requested
5. Participates in community activities with peers when requested

Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1. Educates peers about health, wellness, recovery and recovery supports

2. Participates with peers in discovery or co-learning to enhance recovery experiences
3. Coaches peers about how to access treatment and services and navigate systems of care
4. Coaches peers in desired skills and strategies
5. Educates family members and other supportive individuals about recovery and recovery supports
6. Uses approaches that match the preferences and needs of peers

Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. Recognizes signs of distress and threats to safety among peers and in their environments
2. Provides reassurance to peers in distress
3. Strives to create safe spaces when meeting with peers
4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services, and support preferences of peers
5. Assists peers in developing advance directives and other crisis prevention tools

Category IX: Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
2. Uses active listening skills
3. Clarifies their understanding of information when in doubt of the meaning
4. Conveys their point of view when working with colleagues
5. Documents information as required by program policies and procedures
6. Follows laws and rules concerning confidentiality and respects others' rights for privacy

Category X: Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. Works together with other colleagues to enhance the provision of services and supports
2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
3. Coordinates efforts with health care providers to enhance the health and wellness of peers
4. Coordinates efforts with peers' family members and other natural supports
5. Partners with community members and organizations to strengthen opportunities for peers

6. Strives to resolve conflicts in relationships with peers and others in their support network

Category XI: Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected
2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan
4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
5. Educates colleagues about the process of recovery and the use of recovery support services
6. Actively participates in efforts to improve the organization
7. Maintains a positive reputation in peer/professional communities

Category XII: Promotes growth and development


These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

1. Recognizes the limits of their knowledge and seeks assistance from others when needed
2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)
3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
4. Seeks opportunities to increase knowledge and skills of peer support

Exhibit D

Name of Peer Service	Youth Peer Support	Parent Support Partner	Mental Health Peer Specialist	Peer Recovery Coach	Peer Mentor (provided by a DD mentor)
Target Population	Youth with a Serious Emotional Disturbance	Parents or caregivers of a child with a Serious Emotional Disturbance or Intellectual or Developmental Disability	Individuals receiving mental health services and supports	Individuals receiving substance use services or co-occurring services	Individuals with intellectual/developmental disabilities
Training Requirements and Certification process	Youth Peer Support provided by a trained youth peer using the MDHHS-endorsed curriculum (can report after completion of initial 3 days of core training but must continue certification process)	Parent-to-parent support provided by a trained parent using the MDHHS-endorsed curriculum (can report after completion of initial 3 days of core training but must continue certification process)	Outlined in Medicaid provider manual. Person must be working at least 10 hours a week in a position described as peer support. Training is 5 days. Once successfully completes the requirements can use the H0038 code with an HE modifier for different codes based on description of activity/description in Medicaid provider manual	Outlined in MSA Bulletin 22-01. Peer Recovery Coach certification training provided by MDHHS including passing a certification exam.	There is no training requirement/certification to use the H0046 code. The DD Council's Peer Mentor program requires individuals to attend Peer Mentoring 101, complete a 90-120 hour internship at a CMHSP, and complete an exit interview for certification. Once certified, the H0046 code can be used.
Training Structure	Statewide Coordinator	Statewide Coordinator and Lead	Overseen by MDHHS and National peer	Statewide Coordinator	Michigan Developmental Disabilities

Name of Peer Service	Youth Peer Support	Parent Support Partner	Mental Health Peer Specialist	Peer Recovery Coach	Peer Mentor (provided by a DD mentor)
	Trainer and Lead Trainer – MDHHS contract with CMHAM	Trainer – MDHHS contract with CMHAM	trainers provide training	Trainer and Lead Trainer – MDHHS contract with CMHAM	curriculum and training lead by Certified Peer Mentors

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: NADA Auricular Acupuncture Protocol	Chapter: 02 – Customer Services & Recipient Rights	Subject No: 02.03.09.29
Effective Date: 4/10/18	Date of Review/Revision: 3/12/20, 4/14/21, 3/9/22, 3/8/2, 3/15/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 03.02.36	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Network Services Public Policy & Continuing Education Authored By: Mary Baukus, Natibidad Gonzales Additional Reviewers: Natibidad “Steve” Gonzalez, SCCMHA Evidence-Based Practices Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the use of the National Acupuncture Detoxification Association (NADA) auricular acupuncture protocol.

Application:

This policy applies to SCCMHA-funded providers who are privileged to deliver auricular acupuncture. NADA is based on the utilization of both Oriental medicine and Western addictions and behavioral health models to bring significant benefit to persons in recovery from addictions and a variety of mental disorders. The NADA protocol is a simplified, standardized ear needling technique derived from medical acupuncture. The NADA adaptation has been meticulously developed and tested to assist consumers in their recovery for both severe trauma and addictions when talk therapy is limited.

Policy:

SCCMHA shall make the NADA auricular acupuncture protocol available to eligible consumers as resources permit.

Standards:

- A. NADA auricular acupuncture shall be applied to consenting adult consumers with a mental illness and/or co-occurring substance use disorder by providers who have received SCCMHA-approved training and have been privileged to use this protocol.

- B. NADA auricular acupuncture shall be incorporated as part of an integrated program rather than as a stand-alone intervention.
 - 1. NADA auricular acupuncture shall be utilized to help consumers with relaxation, stress management and craving or desire for addictive substances. NADA auricular acupuncture opens possibilities on the body, mind, and spiritual levels. The effects of NADA auricular protocol are immediate and tangible and tends to increase the consumer's motivation and readiness to be involved in the recovery process.
- C. NADA auricular acupuncture can be administered in a small or a large group format in a quiet, comfortable room.
- D. NADA auricular acupuncture shall be provided in accordance with the standard protocol to maintain fidelity to the model.
 - 1. One to five acupuncture needles shall be inserted bilaterally into predetermined points on each ear (auricle) for 30 to 45 minutes per session.
 - a. These predetermined points (sympathetic, Shen Men, kidney, liver, and lung) have been shown to produce neurophysiologic, biochemical, endocrine, emotional, and cognitive effects. (See Exhibit A)

Definitions:

National Acupuncture Detoxification Association (NADA) Acupuncture Protocol is a non-verbal approach to healing. NADA involves the gentle placement of up to five, small, sterilized disposable needles into specific sites on each ear. It is a standardized 1- to 5-point auricular needling protocol that is delivered in a group setting as part of a treatment program for substance use disorders as well as other behavioral health conditions (e.g., PTSD, depression, stress). The recipients sit quietly in a group setting for 30-45 minutes allowing the treatment to take effect. It can be applied in an individual setting as well. NADA ear acupuncture is an adjunct therapy which is clinically effective, cost-efficient, drug-free, and compatible cross-culturally. The combined application of acupuncture with counseling, education, medical support, and self-help groups such as AA and NA enhance opportunities for success.

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- C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- D. Stuyt, E., Voyles, C. (2016). The National Acupuncture Detoxification Association protocol, auricular acupuncture to support patients with substance abuse and behavioral health disorders: current perspectives. *Substance Abuse and Rehabilitation* 7: 169–180. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5153313/>
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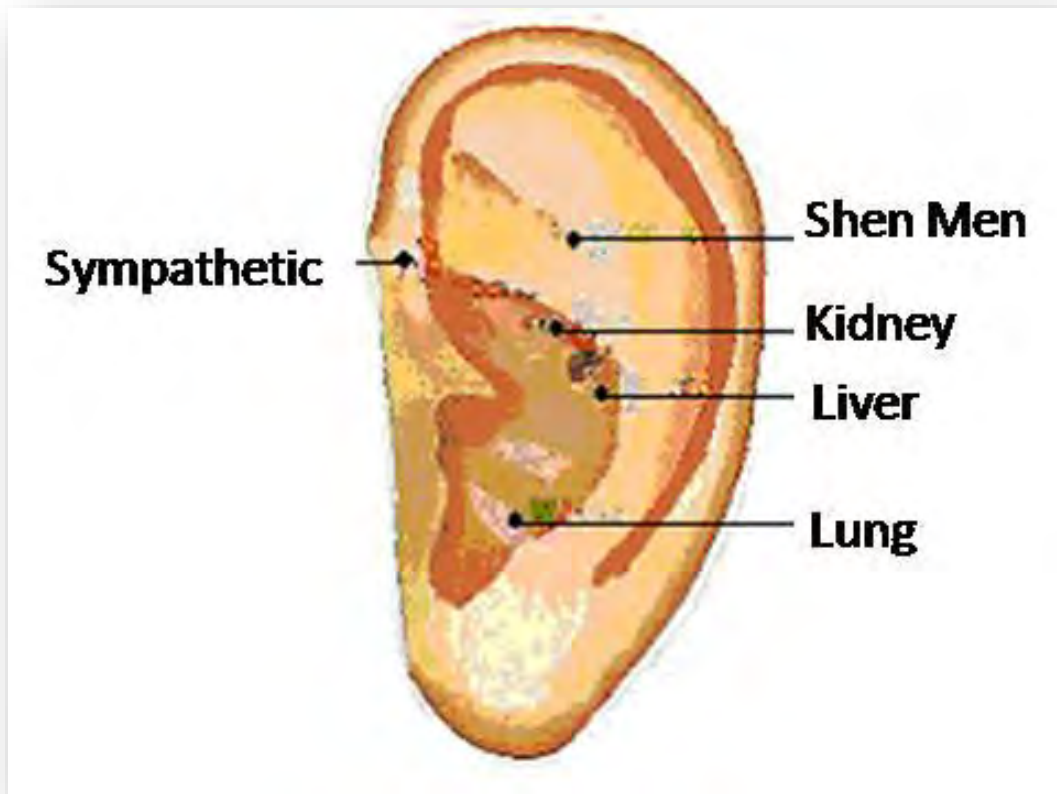
Exhibits:

A: NADA Auricular Acupuncture Protocol's Five Needle Points

Procedure:

None

Exhibit A




Number 1 — Sympathetic: Related to disruption in both sympathetic and parasympathetic nervous systems. It has a strong analgesic and relaxant effect on internal organs as it dilates blood vessels.

Number 2 — Shen Men: Regulates excitation and inhibition of the cerebral cortex and can produce sedation.

Number 3 — Kidney: Strengthening point that can relieve mental weariness, fatigue, and headaches.

Number 4 — Liver: Addresses symptoms associated with poor liver functioning and inflammation.

Number 5 — Lung: Associated with analgesia, sweating, and various respiratory conditions.

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Motivational Interviewing (MI)	Chapter: 02 – Customer Service and Recipient Rights	Subject No: 02.03.09.30
Effective Date: 8/16/10	Date of Review/Revision: 4/2/12, 5/8/14, 4/19/16, 6/13/17, 4/10/18, 4/9/19, 7/2/20, 4/14/21, 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 03.02.23	
		Authored By: Mary Baukus, Heidi Wale Knizacky
		Additional Reviewers: EBP Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the use of Motivational Interviewing (MI).

Policy:

SCCMHA recognizes that behavioral changes are an integral part of health interventions and that ambivalence about committing to behavioral change is both typical and normal. SCCMHA is committed to providing welcoming, engaging, collaborative, empowering, and non-judgmental service environments and recognizes that Motivational Interviewing is an evidence-based approach to conversations that actualize these values. SCCMHA also recognizes that use of Motivational Interviewing increases effectiveness of collaboratively identifying behavioral change targets, eliciting, and strengthening commitment to healthy behaviors, and developing person-centered plans for change. It is therefore the policy of SCCMHA that Motivational Interviewing be used to guide conversations when engagement has not been established or is disrupted, and when the consumer and/or their natural support system is in a pre-contemplative, contemplative, or preparatory stage of change relative to person-centered behavior changes. Motivational Interviewing is considered a core competency requirement for all staff who provide direct services to consumers within the SCCMHA network. The exception to this requirement is mild to moderate outpatient psychotherapy providers for whom the training is recommended but not required. MI shall be used in a trauma-informed manner.

Application:

This policy applies to all SCCMHA-funded providers.

Standards:

- A. SCCMHA-funded providers shall use Motivational Interviewing techniques when working with consumers and families who need help with identifying and changing unhealthy behaviors, or who persist with behavior that interfere with their own stated goals.
 - 1. This includes behavior that may be placing them at risk of developing health problems or that may be preventing their optimal management of a chronic condition.
- B. Motivational Interviewing shall also be used to guide consumers, guardians, and supportive persons to resolve their own ambivalence about changing support behavior or supporting a consumer's behavior change.
- C. To promote skillful integration of Motivational Interviewing into all services by two years post-hire date, direct care staff shall be required to demonstrate competency in Motivational Interviewing. (Exhibit A)
 - 1. Providers shall participate, at minimum, in a two-day Motivational Interviewing introductory training from a training resource approved by SCCMHA.
 - a. SCCMHA shall, resources permitting, offer a two-day workshop titled *Introduction to Motivational Interviewing*.
 - 2. Providers are expected to complete a basic skills assessment and demonstrate a total score within the Beginning Proficiency level at minimum.
 - a. In addition to the two-day introductory training, SCCMHA shall provide additional Motivational Interviewing learning support opportunities to providers to assist them with increasing their proficiency.
 - b. Learning opportunities will include group and individual virtual skills testing sessions utilizing the VASE-R (Virtual Assessment of Simulated Encounters – Revised) or other reliable measure approved by the Evidence-Based Practices Leadership Team.
 - 3. Staff shall be required to demonstrate MI competency which will be assessed by the submission of an audio sample and the achievement of a successful fidelity score on the MICA (Motivational Interviewing Competency Assessment), or other valid and reliable competency assessment measure approved by the Evidence-Based Practices Leadership Team. (Exhibit A – Attachments A&B)
 - 4. Supervisors shall be expected to be able to offer coaching and support to the direct-care staff they supervise in applying and improving Motivational Interviewing skills.
 - a. Supervisors shall be offered additional specialized support training by SCCMHA.
 - b. Resources permitting, training shall be offered that includes orientation to all trainings and support tools, dissemination of materials, and coaching on methods to support staff during team meetings, supervision, and documentation review.

- D. Motivational Interviewing shall be used with fidelity to the model which relies equally upon its two essential components.
1. The “spirit” of MI, of which there are four aspects (which can be recalled through the acronym “PACE”):
 - a). Partnership (or collaboration) which consists of the professional becoming a partner, not the leader, in the change process.
 - 1). While the staff person is a professional “expert,” the consumer is the only expert about their own life.
 - 2). Collaboration is the process of active partnership between experts.
 - b). Acceptance is the simultaneous demonstration of:
 - 1). Valuing of the consumer’s Absolute Worth as a human being, no matter their past or present behaviors
 - 2). Noticing the consumer’s strengths and efforts and offering Affirmation
 - 3). Acknowledging Autonomy by learning without judgment about the consumer’s values and validating that the consumer is the only person who can make decisions about change for their own life
 - 4). Continuous curiosity about and effort to understand the consumer’s internal perspective (referred to as Accurate Empathy).
 - c). Compassion is the selfless act of wanting what is best for another.
 - d). Evocation is effectively demonstrating a strength-based perspective.
 - 1). Rather than viewing those involved in change conversations as having a deficit that needs professional intervention to fill or fix, individuals are viewed as having unique experiences, values, perspectives, and solutions for their own lives.
 - 2). The practitioner’s role is to assist the consumer with identifying, recognizing, and drawing upon their own inherent wisdom.
 2. The “method” (or techniques) of MI

- E. Motivational Interviewing shall be applied by guiding the individual through four stages.

NOTE: The rate of moving through these stages depends upon many variables and may take from mere moments to several encounters to move through each. The process of change is dynamic and any of the stages may need to be revisited as barriers and obstacles emerge throughout an individual’s change journey.

1. Engaging is the process by which an alliance relationship is established.
 - a. Engagement is essential before beginning to work together collaboratively.
2. Focusing is determining which topics are identified as change goals and the desired direction for these changes.

3. Evoking is the heart of the Motivational Interviewing process, whereby the clinician elicits the individual's own feelings regarding, reasons for, and ideas about making change.
 4. Planning occurs when the conversation about change moves from defining the change into specific commitments, solutions, and plans for action.
- F. The five core MI skills shall be implemented in different ways throughout the four stages of a Motivational Interviewing process:
- NOTE: The first four of these skills are labeled "listening skills" and can be remembered by the acronym "**OARS**."
1. Open Ended Questions: When engaged in an MI conversation, the practitioner is careful to guide the conversation without taking control. To this end the practitioner asks few questions, and those questions that are posed allow the individual to choose information of the most importance to themselves and share what they find personally relevant.
 2. Affirming: The practitioner acknowledges and comments upon the goodness observed in the consumer's actions and statements, such as noting positive efforts or reflecting the consumer's own feelings of pride and accomplishment.
 3. Reflections: Reflections are the skill used most often by the practitioner throughout a MI conversation and:
 - a. Are brief statements that are not questions
 - b. Offer a guess about what the speaker is communicating
 - c. Are a means of checking in to make sure what the listener thinks the speaker means and what the speaker intended are indeed the same
 - d. Help encourage the speaker to continue the pattern of their story
 - e. May offer subtle direction toward speaker's increased awareness of own motivation

NOTE: Reflections can be Simple (conveying understanding without additional meaning or emphasis) or Complex (conveying a deeper understanding and contributing emphasis or meaning to the speaker's words).
 4. Summaries: Summaries potentially offer new insight to the speaker by juxtaposing several different bits of information shared in a new way. Summaries should include reflections of Change Talk and may increase and maintain Engagement by also briefly acknowledging continued ambivalence (Sustain Talk). Uses of summaries include:
 - a. Collecting Summaries are a brief way of organizing the speaker's recent comments and encouraging them to continue sharing, often in a particular direction.
 - b. Linking Summaries are a way of connecting recently shared information with information that was shared at a previous time or by another source.
 - c. Transitional Summaries mark the end of one discussion and announce the movement toward another focus. Transitional summaries are a means of organizing and highlighting the important information shared and are often used at the close of an appointment

before moving into the discussion of such details that conclude an appointment

5. Informing and Advising: The final core skill is the method by which the practitioner balances maintaining their own specialized expertise while honoring the speaker's expertise and autonomy.

NOTE: The practitioner may offer information or advice when the speaker asks for it. When unsolicited, the practitioner may offer information or advice if they first gain permission and by honoring the speaker's autonomy to select or reject the information.

- a. The best strategy for collaborative information exchange is to follow the potentially repeating formula Elicit—Provide—Elicit.
- 1). Elicit: The clinician asks permission to give information, clarifies the speaker's understanding or information gaps, and/or determines their interest.
 - 2). Provide: The clinician briefly and succinctly provides the relevant information using autonomy-supporting language.
 - 3). Elicit: The clinician checks back in by inquiring about the individual's reaction, understanding, or response.

G. A tenet of MI is that there is no such thing as an unmotivated person. Rather, the process of change is difficult, and it is normal to experience ambivalence.

H. Patterns of behavior are value-driven; by exploring the connection of values that are connected to making a change, the awareness of internal ambivalence is amplified.

1. This amplification may increase the individual's desire to move toward their deeper values and promote readiness for change.

I. When exploring their ambivalence, individuals will naturally present both change talk (statements favoring change) and sustain talk (statements favoring maintaining the status quo and not making change). It is easy to become stuck in ambivalence.

NOTE: It is the clinician's role to evoke and strengthen change talk statements by utilizing the core MI skills. Hearing oneself voice change talk clarifies internal arguments and increases commitment. The MI process guides individuals to talking themselves into change.

1. The clinician should always respond to change talk by using an "EARS" technique:
 - a. Elaborating (i.e., asking for elaboration, more detail, in what ways, an example, etc.)
 - b. Affirming (i.e., commenting positively on the person's statement; this may even include a nod of the head, or other nonverbal affirmation as the speaker continues talking)
 - c. Reflecting (i.e., when the clinician specifically reflects noted change talk which allows the individual to hear their own change talk again, thereby reinforcing it)
 - d. Summarizing (i.e., collecting bouquets of change talk)

- 1). Change talk is self-motivating speech that signals problem recognition, statements of concern about the status quo, optimism for change, and/or intention to change. Different types of change talk can be recalled through the acronym **DARN-CATs**.
 - a). Desire (i.e., statements reflecting want)
 - b). Ability (i.e., statements of self-perceived ability)
 - c). Reasons (i.e., specific reasons for change, independent of desire or ability)
 - d). Need (i.e., general importance or urgency of change, but without specific reasons)
 - e). Commitment (i.e., statements asserting intent)
 - f). Activation (i.e., statements expressing readiness and willingness for change)
 - g). Taking Steps (i.e., reporting recent activity toward change)

NOTE: The first four types of change talk (Desire, Ability, Reason, and Need) are preparatory change talk and are most often noted early in the process of contemplating change. The remaining types (Commitment, Activation, and Taking Steps) are mobilizing change talk and are most readily observed when an individual is preparing to plan and embark upon their change journey.

- e. Basic MI methods to elicit change talk include:
 - 1). Asking Evocative Questions
 - 2). Asking for Examples
 - 3). Asking for Elaboration
 - 4). Imagining Extremes
 - 5). Looking Forward
 - 6). Looking Back
 - 7). Exploring Goals and Values
 - 8). Using Change Rulers
- f. When the engagement process is incomplete, unsuccessful, or lapsed, discord may occur. Discord is interpersonal and signifies a rupture in the relationship. (The concept of “discord” is sometimes referred to as “resistance.”) Signals of discord may include defending, squaring off, interrupting, or disengagement.
 - 1). Discord is a signal for the clinician to switch techniques and respond differently.

Definitions:

Motivational Interviewing (MI): A collaborative, person-centered form of guiding to elicit and strengthen a person’s motivation for change (W. Miller), the conversational style of which may be counterintuitive to a provider’s instincts to persuade or convince another individual to engage in healthier behaviors (known as the “Righting Reflex”). The Motivational Interviewing approach has been extensively researched since the early 1980’s and consistently demonstrates positive and long-lasting outcomes. It relies equally on two

essential and different components: 1) the “spirit” of MI, and 2) the “method” (or techniques). Both components are necessary to the fidelity of MI. MI can also be described as a guiding consumer-focused conversation style for eliciting behavior change by helping consumers, and the individuals who support them, to explore and resolve ambivalence. It is especially effective when working with consumers who are reluctant to change their behavior or are ambivalent about changing by helping them to marshal their own resources and intrinsic motivation so they can move forward in a positive direction.

Motivational interviewing is founded on four main principles to effect behavior change: (1) expressing empathy (or creating a sense of shared understanding), (2) developing discrepancy (or helping consumers recognize how their values are or are not reflected in their behavior), (3) rolling with resistance (or avoiding challenging a consumer’s hesitation to change), and (4) supporting self-efficacy (or encouraging the belief that consumers can change their behavior).

Speaker: The person undertaking the behavior change. In Motivational Interviewing conversations the facilitator of the conversation (e.g., practitioner) is referred to as the “Listener.”

References:

- A. Center for Substance Abuse Treatment. (2019). *Enhancing Motivation For Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 35.* Substance Abuse and Mental Health Services Administration. Rockville, MD.: [TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment | SAMHSA Publications and Digital Products](#)
- B. Miller, W., Rollnick, S. (2013). *Motivational Interviewing: Helping People Change, Third Edition.* Guilford Press. New York, NY.
- C. SCCMHA Policy 02.03.05 – Recovery
- D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

- A. SCCMHA Motivational Interviewing: Core Competency Expectations (and Attachments)
- B. Readiness Indicators
- C. Motivational Interviewing Tip Sheet

Procedure:

ACTION	RESPONSIBILITY
1. Motivational Interviewing is used to guide conversations with consumers when engagement has not been established or is disrupted, and when the consumer and/or their natural support system is in a pre-contemplative, contemplative, or preparatory stage of change relative to person-centered behavior changes.	1. SCCMHA Providers

- | | |
|--|---|
| <ol style="list-style-type: none">2. Application of Motivational Interviewing will be coached during clinical consultations when appropriate.3. Direct-service staff will complete Motivational Interviewing basic skills training within 3 months of hire date.4. Direct-service staff will demonstrate Motivational Interviewing competency within two years of hire date. | <ol style="list-style-type: none">2. SCCMHA Network Supervisors3. SCCMHA Providers, SCCMHA Training Department, designated trainers4. SCCMHA Providers, SCCMHA Training Department, designated trainers |
|--|---|

SCCMHA Motivational Interviewing: Core Competency Expectations

Updated June 2020

Who is expected to utilize Motivational Interviewing (MI)?

All SCCMHA Network staff who work directly with consumers toward development and achievement of person-centered goals.

What are the minimum training and competency requirements for MI?

There are 3 steps:

1. Complete a Motivational Interviewing basic skills training course.
2. Demonstrate proficiency in Motivational Interviewing basic skills.
3. Demonstrate competency in facilitating a Motivational Interviewing conversation.

What is the basic skills training course? (Step 1)

The MI basic skills training course is a two-day workshop, or equivalent training, which is offered through or pre-approved by the SCCMHA training department; must be completed within 90 days of hire.

How is basic skills proficiency assessed? (Step 2)

The Video Assessment of Simulated Encounters-Revised (VASE-R) is a written assessment that takes 40 minutes to complete through live group administration or individual online administration at surveymonkey.com/r/MI_Assessment. The VASE-R assesses five skill areas: reflective listening, responding to resistance, providing summaries, eliciting change talk, and developing discrepancy. Assessments are scored by an MI trainer using reliable scoring protocols. A customized coaching report is returned containing proficiency levels, notes about demonstrated strengths, and suggestions for what to focus on for continued skill growth.

After completing a basic skills training course, staff must complete the basic skills assessment every 90 days until a score level of Proficiency (either beginning or advanced) is obtained.

How is Motivational Interviewing competency demonstrated? (Step 3)

Staff members who have demonstrated basic skills proficiency will demonstrate full utilization of Motivational Interviewing skills to engage, focus, evoke, and guide a speaker toward a healthy resolution of ambivalence by recording a conversation and submitting it for review. Demonstration recordings can be either be completed with an actor ([see Attachment A](#)) or completed with a volunteer acquaintance ([see Attachment B](#)). Staff must also complete a self-review as part of submitting their demonstration recording. The first 20 minutes of each conversation will be reviewed and scored by an MI trainer using a validated fidelity tool. A customized coaching report will be returned.

Audio samples must be submitted within two years of hire date and every three months thereafter until an overall score in the “Basic Competency” range or higher is reached.

SCCMHA MOTIVATIONAL INTERVIEWING: CORE COMPETENCY EXPECTATIONS

Attachment A

Motivational Interviewing Practice and Competency Demonstration Standardized Scenarios Option

SCCMHA network members who have completed Motivational Interviewing Training Step 1 and 2 (basic skills workshop and basic skills assessment) may schedule a virtual meeting to practice their skills.

Here's how:

1. Choose one of the standardized scenarios (below).
2. Email Admin@apprecots.com to request a virtual meeting. Include in your email a first and second choice date and start time for meeting and which scenario you have selected. You will receive a confirmation email with a Zoom link.
 - Scheduling options: Any weekday with starting time between 9 AM and 4 PM.
 - Allow 30 minutes for the meeting.
3. At the scheduled time, log in to Zoom and proceed with the interview. The actor will play the part of the ambivalent character and they will record the conversation.
 - You will have up to twenty minutes for the MI conversation.
 - The actor will keep track of the time and will let you know when there are 2 minutes remaining.
 - At the conclusion of the interview, you will be asked some debriefing questions so you can process how it went while it is fresh in your thoughts.

After the call, the recording will be shared with the MI trainers. The trainers will review and email you with feedback and also a transcript of the interview for your own reference.

Qualified SCCMHA network members may utilize this practice support as often as they wish and are encouraged to do so at least once per year to maintain skills. **Completion of this process fulfills all criteria for MI Training Step 3 (competency demonstration).**

Standardized Scenarios for Motivational Interviewing Practice

1. Chris is an adult consumer who suffers from severe depression and anxiety. They have not held a job in several years, although they have indicated they would like to have a part-time job someday. They spend most of their time alone in their apartment. Chris does not have a set schedule or routines and often misses appointments because (as Chris later reports), they were sleeping after being awake for most of the night. Chris' psychiatrist has advised that they practice good sleep hygiene habits and stick to a daily routine and schedule.
 - a. You are about to meet with Chris to follow up on the psychiatrist's recommendation.
 - OR
 - b. You are about to meet with Chris to explore pursuing employment.

(Interviewer choice between 1a and 1b.)

2. The designated consumer that you work with, Xander, is 4 years old and has a diagnosis of ASD (Autism Spectrum Disorder). Xander doesn't have any functional speech, he primarily moans, cries, and grunts. He is not successful with independent toileting tasks, and he spends hours each day lining his toys up into rows on his bedroom floor. He sleeps very little, and, on several occasions, he has left the house and wandered the neighborhood in the middle of the night. Xander is always "on the go" and will often hit, kick, or scream at adults who attempt to restrain or deny him. One of Xander's parents works full-time and the other is a homemaker, taking care of him, his 6-year-old sister, and his 2-year-old brother.

Xander has qualified for the Autism Benefit with a recommendation of 20 hours each week of ABA services. Xander's parents have said they only want to sign up for three hours each week because they have too many other things to do with their time and have barriers with getting to the ABA program.

Evidence-based research protocols suggest that this sub-optimal dose (3 hours instead of 20) is unlikely to be effective. You are about to meet with Xander's parent to discuss signing up for ABA services.

3. Pat has been participating in a skills group to learn how to control their impulsive behaviors when angry. You know that the facilitator of the group is very qualified and receives high ratings of satisfaction from group participants. Participants tend to have good outcome changes (such as fewer conflicts in relationships) after they complete the group. Pat has told you that they think the group is a waste of their time and that all going does is make them angry. You, and the rest of Pat's service team, believe Pat would be happier and closer to reaching their goals if they knew how to control their anger. You are getting ready to talk to Pat about engaging in the group and practicing the coping skills that they have been taught.

4. The consumer you work with, Sally, is a 24-year-old woman with an intellectual disability. Sally has told you that she would like to move out of her highly supervised adult foster-care home and into an apartment with a roommate. She has identified that another consumer at the AFC home where she currently lives would like to do this with her. This is a financially plausible arrangement, and, if she were to participate in Self Determination services, she and her roommate would be able to hire community living supports (CLS) staff to assist with activities of daily living (ADL's) such as cleaning, paying bills, grocery shopping, and cooking. You believe that this living arrangement would be healthy for Sally as it would help her with her goals of increasing her skills and independence and would promote emotional health.

Sally's legal guardian is her parent. Her parent likes the AFC home where Sally currently lives and believes that Sally needs constant supervision to protect her. When she was younger and in school, Sally was eager to make friends and was often taken advantage of by peers (such as by giving away possessions to get people to like her). Her parent credits the strict structure and supervision of the AFC home with protecting Sally from being exploited.

You are about to meet with Sally's parent to advocate on Sally's behalf.

SCCMHA MOTIVATIONAL INTERVIEWING: CORE COMPETENCY EXPECTATIONS

Attachment B

Motivational Interviewing Practice and Competency Demonstration

Audio Recording Guide

Updated June 2020

Process

The Motivational Interviewing trainee, known here as the “Interviewer,” will facilitate a real play with a volunteer “Participant” (co-worker, friend, relative, etc.). The real-play will be audio-recorded and must be a complete conversation that demonstrates Motivational Interviewing. The conversation does not have to end with development of a change plan. However, the Interviewer is expected to utilize the Motivational Interviewing processes to guide the Participant toward healthy resolution of ambivalence.

The Participant will identify something in their life that they are contemplating changing but that they have not yet decided about (*Tip: think New Year’s resolutions*) and that they are willing to talk about with the Interviewer. Factual details may be changed, but no impersonations or “drama.” The Participant must be 18 years of age or older and should not be in a professional relationship with the Interviewer as a recipient of SCCMHA services.

Any digital audio-recording method may be utilized that can create and share files in one of the following formats: mp3, aac, wav, m4a, wma, mp4, avi, mov, wmv, or mpg. Video files in one of the listed formats will be accepted, but visual recording is not required. Before beginning, do a brief test recording to ensure both the Interviewer and the Participant voices are clearly audible.

The Interviewer and Participant will start the audio recording by identifying themselves and providing consent by reading aloud the following:

Interviewer:

- The purpose of creating this recording is for self-evaluation and gaining feedback regarding use of Motivational Interviewing processes and skills.
- The recording will be reviewed by one or more members of the MI training team for the purposes of providing feedback and coaching.
- The recording may be transmitted by email, which is not considered a secure method of transmitting private and personal information.
- A transcript of the recording will be shared with me, the Interviewer, for training purposes.
- Permission for this recording to be shared or reviewed can be revoked at any time by either the Interviewer or Participant emailing MI@apprecots.com.
- The recording will be destroyed after it has served the stated purpose and/or upon request.

I, *[Interviewer First and Last Name]*, consent to be recorded for the purposes just described.

Participant:

I, *[Participant First and Last Name]*, consent to be recorded for the purposes just described. I understand that I may refuse to answer any questions or stop participating in this conversation at any time. I may withdrawal my consent at any time and request that the recording be destroyed.

There is no one right way to start the interview. The Interviewer might say something like, “Thank you for agreeing to talk with me today. I understand you have concerns about [dieting/quitting smoking/exercising/going back to school/...].”

Only the first 20 minutes of the conversation will be reviewed. There is no one right way to end the interview, but typically an MI conversation would include a Summary in the wrap-up. (e.g., “We are almost out of time, let me see if I can summarize our discussion today.”)

Submitting Your Audio Recording

Recordings must be submitted electronically by email. Types of sharing include either attachment of a file or an inclusion of a link to a virtual storage address (e.g., Dropbox, Zoom recording).

The subject line of the email should contain the Interviewer’s name and the words “MI Step 3 Submission”.

The body of the email must contain the following elements of Interviewer tracking information:

1. First and Last Name
2. Work email address
3. Program and/or team
4. Job Title
5. Supervisor’s Name

The Self-Assessment must either be completed as a separate typed document or recording and added as an attachment to the email, or the content may be included in the body of the email. **Submissions without a self-assessment will not be reviewed.**

Self-Assessment

Please provide a thoughtful written or audio-recorded response to each of the following questions and submit with your recorded interview.

1. How did you demonstrate the Spirit of MI (Partnership, Acceptance, Compassion, Evocation)?
2. How did you do with using Reflections to guide the conversation instead of asking Questions?
3. What Change Talk did you hear?
4. What one thing do you wish you had done differently?
5. What did you do in this demonstration that you like best?

Tips for Using the Supernote Application

Note: These tips are provided for assistance for those choosing to use the Supernote application. Use of Supernote is not required. Other digital recording formats that can be shared by email or virtual storage are acceptable.

Your recording can be completed, reviewed, and sent as an email via your phone.



Supernote: All in One Notepad (Droid)

- Open the Supernote application and click the plus sign at the bottom of the page.
- Click the microphone button.
- Press the circle in the right of the box to begin recording and then the square to stop recording.
- The triangle is used to play the recording.
- At the bottom left corner of the page is an icon that can be used to save and title the recording.
- After saving the recording, go to the top of the page and press the square on the right-hand side that has an arrow inside pointing down and select your recording.

To send:

- Click on the three vertical dots on the right-hand corner of the page (not the three vertical dots in the recording box).
- Press share note, then under the microphone icon put a check mark in the box and press ok.
- This will link you to email.

Supernote: Notes, Recorder, & Photo (iOS)

- Open Supernote and click the plus sign in the right-hand corner of the page.
- Press the microphone icon in the right-hand corner of the page.
- As soon as you tap the microphone, it starts recording. You tap the microphone icon again to stop recording.

To send:

- At the bottom of the page, there is a box with an arrow pointing right. Click that icon.
- Then press the envelope icon, which will bring up the email.

MOTIVATIONAL INTERVIEWING TIP SHEET

MI PROCESSES



RECOGNIZING CHANGE TALK

- D**esire
- A**bility
- R**eason
- N**eed
- C**ommitment
- A**ctivation
- T**aking **S**teps



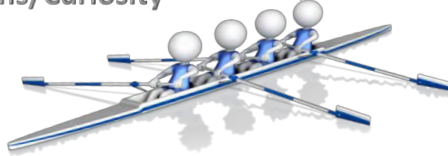
RESPONDING TO CHANGE TALK

- E**licit more
- A**ffirm
- R**eflect
- S**ummarize



GUIDING LISTENING SKILLS

- O**pen Questions/Curiosity
- A**ffirmations
- R**eflections
- S**ummaries



THE SPIRIT OF MI

- P**artnership
- A**cceptance
- C**ompassion
- E**vocation

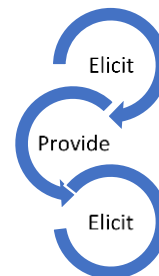



CIRCUMSTANCES FOR ADVISING OR INFORMING

- P**rovide answer to question
- R**equest permission
- E**mphasize autonomy



METHOD FOR SHARING INFORMATION



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: 5 A's (Tobacco use EBP)	Chapter: 02 – Customer Services & Recipient Rights	Subject No: 02.03.09.31
Effective Date: 4/10/18	Date of Review/Revision: 4/9/19, 3/11/20, 4/14/21, 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 02.03.40	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: Director of Network Services Public Policy & Continuing Education Authored By: Mary Baukus, Barbara Glasheim Additional Reviewers: EBP Leadership Team,

Purpose:

The purpose of this policy is to promote the use of 5 A's as an expeditious intervention aimed at harm reduction by helping consumers who use tobacco to quit.

Application:

This policy applies to SCCMHA-funded providers of services and supports to adults with a mental illness as well those with primary and co-occurring substance use disorders who use tobacco or have a recent history of tobacco use.

Policy:

SCCMHA recognizes the prevalence of tobacco use among adult consumers with serious mental illness and the deleterious impact it has on health and wellbeing of smokers and those around them (via secondhand smoke). SCCMHA also recognizes the many immediate and long-term health benefits of quitting. Therefore, SCCMHA encourages providers to become familiar with the 5 A's Intervention and use it, in a trauma-informed manner, to promote healthy behaviors and reduce the use of tobacco among consumers. SCCMHA shall provide training and support for the use of this intervention as resources permit.

Standards:

- A. The 5 A's Intervention shall be utilized with every consumer who currently smokes or has recently quit smoking.
- B. Providers shall deliver The 5 A's in accordance with the model:
 1. **ASK:** At each visit/encounter, ask consumers about their tobacco use.
 2. **ADVISE:** Urge consumers who are using tobacco to quit.

- a. Advice should be clear, strong, and personalized.
3. **ASSESS:** Determine the consumer’s willingness to make a quit attempt (Stage of change).
 - a. Assessment shall include a readiness ruler (i.e., “On a scale of 1 to 10, where 10 is very ready, how ready are you to quit smoking?”) or a Stages of Change assessment
4. **ASSIST:** Provide help to move consumers toward a successful quit attempt and develop a quit plan.
 - a. Provide brief counseling and medication (if appropriate).
 - b. Refer consumers to complementary support resources (e.g., quitlines, Smokefree.gov, SmokefreeTXT, BeTobaccoFree.gov, group counseling)
 - c. Use the 5R’s for consumers who are unwilling to quit in an effort to enhance motivation to quit:
 - 1). **RELEVANCE:** Discuss why and how quitting is relevant to the consumer; encourage the consumer to indicate how quitting is personally relevant to him/her
 - 2). **RISKS:** Discuss the risks the consumer is taking by smoking; encourage the consumer to identify the potential negative consequences of tobacco use that are relevant to him/her
 - 3). **REWARDS:** Identify the rewards the consumer would benefit from by quitting; ask the consumer to identify the potential benefits of quitting
 - 4). **ROADBLOCKS:** Address the roadblocks the consumer will face and help find a way around them; ask the consumer to identify barriers or impediments to quitting and provide or arrange for treatment (problem-solving counseling, medication) that could address barriers
 - 5). **REPETITION:** Review the 5 A’s at every visit; repeat the assessment of readiness to quit as long as needed.
5. **ARRANGE:** Follow-up contact with the consumer.
 - a. Arrange for additional support services as needed.

Definitions:

The 5 A’s (ask, advise, assess, assist, arrange) is a brief, goal-directed, evidence-based intervention to address tobacco use with consumers that aims to meet tobacco users’ needs in terms of readiness to quit. Altogether, the 5 A’s may take 1 to 5 minutes, depending on a provider’s clinical setting and roles. The 5 A’s do not need to be applied in a rigid manner, and an entire office/clinical staff may be involved to support tobacco users. The 5 A’s has been adapted for other conditions including alcohol use, obesity and physical activity counseling.

References:

- A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

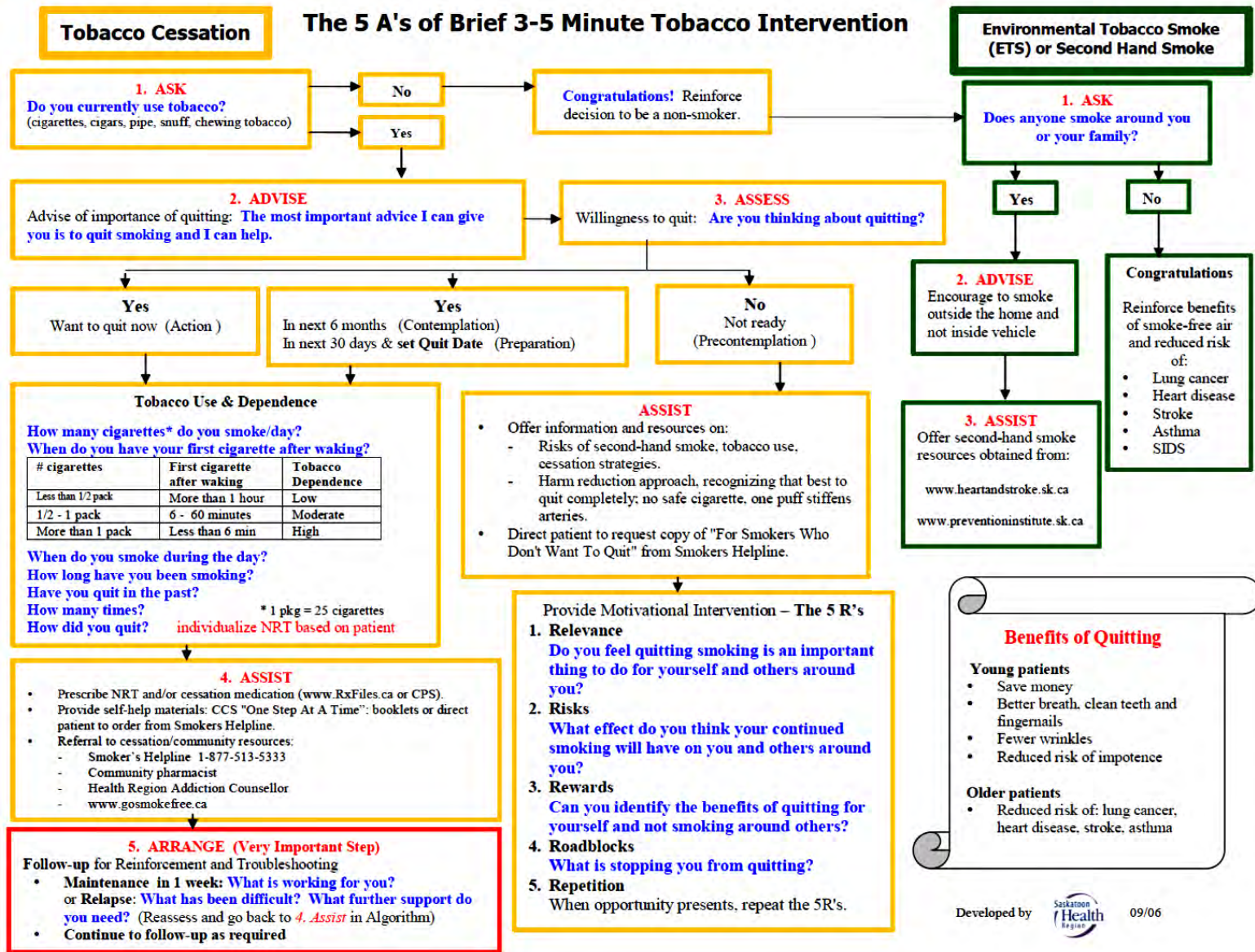
- C. World Health Organization. (2014). *Toolkit for delivering the 5A's and 5R's brief tobacco interventions in primary care*. [Toolkit for delivering the 5A's and 5R's brief tobacco interventions in primary care. Mise en page 1 \(who.int\)](#)


Exhibits:

- A. The 5 A's of Brief 3–5 Minute Tobacco Intervention Flow Chart (Saskatoon Health Region, 09/06)

Procedure:

None



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Cognitive-Behavior Therapy for Hoarding Disorder (CBT for HD)	Chapter: 02 – Customer Services & Recipient Rights	Subject No: 02.03.09.37
Effective Date: 6/13/17	Date of Review/Revision: 4/10/18, 4/9/19, 4/14/21, 3/9/22, 3/8/23, 3/15/24 Supersedes: 02.03.27	Approved By: Sandra M. Lindsey, CEO
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Network Services, Public Policy, & Continuing Education Authored By: Mary Baukus, Barbara Glassheim Additional Reviewers: EBP Leadership Team

Purpose:

The purpose of this policy is to delineate a framework for the use of Cognitive-Behavior Therapy for Hoarding Disorder (CBT for HD).

Policy:

- A. Providers who have been trained and privileged to provide CBT for HD model shall use this intervention for consumers with HD.
- B. CBT for HD shall be made available to consumers as resources permit.
- C. CBT for HD shall be provided in a trauma-informed manner with empathy, compassion, hopefulness, and positive regard for each consumer with HD.

Application:

This policy applies to all SCCMHA-funded providers.

Standards:

- A. Clinicians and peers, including CHWs (Community Health Workers) who provide CBT for HD shall receive SCCMHA-approved training prior to the provision of treatment to consumers.
- B. CBT for HD shall be provided inclusive of the following components in order to maintain fidelity to the model.
 - 1. Assessment, using a validated instrument (e.g., Clutter Image Rating Scale).
 - a. The assessment shall include pictures of the home.
 - (1). Said photos shall be made part of the consumer’s electronic health record.

2. Case formulation to develop an individualized model that explains the function (i.e., the how and why) of hoarding for the consumers (e.g., personal and family vulnerabilities, information-processing difficulties, beliefs about and attachment to possessions, emotional reactions, and reinforcement of the behavior)
3. Goal-setting: Treatment goals shall be developed collaboratively with the consumer and may include:
 - a. Increasing the consumer's understanding of hoarding
 - b. Creating living space
 - c. Expanding the appropriate use of space
 - d. Organizing items in order to make them more accessible
 - e. Improving decision-making skills
 - f. Reducing acquiring
 - g. Evaluating beliefs about possessions
 - h. Reducing clutter
 - i. Learning problem-solving skills
 - j. Preventing hoarding in the future
4. Psychoeducation about hoarding and the cognitive-behavioral model of HD shall be provided to the consumer along with a discussion about treatment and its effects.
 - a. An individualized model of the disorder shall be formulated.
5. Motivational interviewing shall be provided to enhance motivation for change by helping consumers deal with ambivalence, recognize problems, self-motivate for change, make a plan, and take immediate steps to be effective in their new intentions
6. Cognitive therapy that includes treatment for organization problems, helping the consumer to reduce the number of categories and locations for saved items as well as categories for unwanted items shall be provided.
 - a. Cognitive therapy shall include cognitive restructuring to help consumers recognize, challenge, and ultimately change patterns of faulty thinking including beliefs about possessions.
7. Skills training sessions shall be provided and include organizing, decision-making, as well as problem-solving skills that incorporates the following steps:
 - a. Defining the problem
 - b. Generating as many solutions to the problem as possible
 - c. Evaluating the solutions and choosing one or two that seem likely to work
 - d. Breaking the solution into manageable steps
 - e. Implementing the steps
 - f. Evaluating the results
 - g. Starting the process again if the problem is not resolved
8. Exposure and practice sorting, discarding, and non-acquisition (e.g., "non-shopping" trips to the store) shall be provided including Exposure and Response Prevention (ERP) treatment.

9. Relapse prevention shall include a collaborative review of the treatment process, symptoms, and interventions with the consumer who will be prompted to identify strategies that have been effective, and they will continue to use to prevent relapse.
 10. Booster sessions following the cessation of treatment may be provided to help consumers maintain gains and to cope with specific setbacks.
- C. CBT for HD may be provided in a group format or on an individual basis.
- D. Family members/natural support systems and relevant community agencies shall be engaged when feasible and appropriate in the treatment of consumers with HD.
1. Privacy and confidentiality laws and regulations shall be adhered to when sharing consumer information with others.

Definitions:

Cognitive Behavior Therapy for Hoarding Disorder (CBT for HD) is a manualized, multi-component twenty-six session evidence-based intervention that is conducted over the course of six to twelve months and includes office and home visits. It incorporates: motivational interviewing to address low insight and limited motivation; decision-making training to improve cognitive processing; exposure to reduce negative emotions associated with discarding and resisting acquiring; and cognitive restructuring to alter distorted beliefs.

Exposure and Response Prevention (ERP) is an evidence-based, treatment that consists of controlled and prolonged exposure to the objects or situations that trigger an anxiety while preventing the habitual response.

Hoarding Disorder is characterized by the acquisition of and failure to discard or part with possessions regardless of the value attributed to those possessions by others, even those that appear to be useless or of limited value, resulting in cluttered living spaces and significant distress and impairment in functioning.

References:

- A. *Saginaw County First Responder’s Guide for Behavioral Interventions, 4th Edition.* (February 2018). 5.4 Saginaw Hoarding Task Force, pp.120-122: <https://www.sccmha.org/userfiles/filemanager/12403/>
- B. Saginaw Hoarding Task Force: <http://hoardingtaskforcesaginaw.org/index.html>
- C. SCCMHA. (2016). *Hoarding Disorder: A Guide to Effective Interventions:* <http://hoardingtaskforcesaginaw.org/>
- D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EBPs)
- E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

- A. HD Treatment Components (from SCCMHA’s *Guide to Effective Interventions for HD*)
- B. Saginaw County Community Mental Health Clinical Protocol for Working with Individuals with Hoarding Disorder
- C. Saginaw Community Care HUB Hoarding Disorder Referral Flow Chart
- D. SCCMHA/Saginaw Hoarding Task Force HOARDING SERVICES FLOW CHART

Procedure:

ACTION	RESPONSIBILITY
<p>Screen the consumer for HD. Assess the consumer's motivation to address the hoarding. Offer CBT for HD to the consumer if they are receptive. Request authorization for CBT for HD if the consumer is amenable to treatment. Address motivation for treatment if the consumer is not amenable and offer treatment every 6 months if consumer declines. Conduct CBT for HD in accordance with the model. Monitor fidelity to the CBT for HD treatment protocol.</p>	<p>Case Holder/Treatment Team Members</p> <p>CBT for HD Clinician/CHW</p> <p>SCCMHA EBP Leadership Fidelity Review Team</p>

HD Treatment Components

☐ Assessment and Case Conceptualization

- ☐ Start with client's explanation
- ☐ Add features based on interview and experimentation
- ☐ Identify feelings, beliefs, core beliefs
- ☐ Connect these to acquiring and saving behavior and clutter
- ☐ Link vulnerabilities to feelings, beliefs, and behaviors
- ☐ Do functional analyses of individual features

☐ Establishment of Personal Goals and Values

- ☐ Values
 - What does the client care most about? (e.g., family, friends, honesty, achievements, etc.)
- ☐ Personal goals
 - What does the client most want to do in the remainder of his/her life?
 - Refer to personal goals and values throughout treatment to clarify ambivalence and increase motivation

☐ Psychoeducation

- ☐ Education about cognitive-behavioral model of hoarding
- ☐ Discussion of treatment and its effects
- ☐ Personalized model-building

☐ Motivational Interviewing/Motivational Enhancement

- ☐ Recognize ambivalence
- ☐ Enhance ambivalence
- ☐ Resolve ambivalence
- ☐ Reinforce change talk and action

☐ Skills Training for Organizing and Problem-Solving (Cognitive Rehabilitation)

- ☐ Manage attention/distraction
- ☐ Teach problem-solving skills:
 - Problem-solving steps:
 1. Identify/define the problem
 2. Generate as many solutions as possible
 3. Evaluate solutions & select one or two that seem feasible
 4. Divide solutions into manageable steps
 5. Implement the steps
 6. Evaluate the outcome
 7. Repeat the process until a good solution is found

☐ Cognitive Therapy

- ▣ Identify common thinking errors
 - All-or-nothing thinking (e.g., Most, everything, nothing)
 - Overgeneralization (e.g., Always, never)
 - Jumping to conclusions (e.g., I will need this just as soon as I do not have it anymore)
- ▣ Identify distorted beliefs
 - Listen closely to statements during acquiring and discarding tasks
 - Use the Downward Arrow technique:
 - What would happen if you threw that out?
“I’ll never find it again.”
 - Why would that be so bad?
“I would lose an opportunity.”
 - What would be so bad about that?
“I’d be stupid for not taking advantage of an opportunity.”
 - What’s the worst part about that?
“Just that, I’d be a stupid person.”
 - Downward Arrow 2:
It sounds like you are worried that if you threw this out, that would mean you were a stupid person. Let’s take a look at that idea.
 - “I guess I never thought about it. I do worry about doing something stupid.”
 - Sounds like you also worry that you might be a stupid person. Does that seem right?
“Yeah, I guess so. All through school....”
- ▣ Evaluate and challenge beliefs
 - Standard questions to challenge beliefs (e.g., How many do you already have? Do you have a plan for its use?)
 - Socratic questioning to examine the beliefs (e.g., How well could you cope without having this? How distressing would it be?)
 - Other cognitive strategies (e.g., advantages/disadvantages; taking another perspective: distinguishing need versus want)
 - Behavioral experiments

▣ **Sorting/discarding/categorizing**

- ▣ Develop a hierarchy of increasingly difficult items for sorting, ranked from easy to hard
 - Remind the client that:
 - ✓ Discomfort is expected
 - ✓ Tolerating discomfort allows progress on clutter
 - ✓ Reduction in anxiety and other negative emotions comes only through confronting them via exposure activities
- ▣ Select the target area and the type of possession
 - Create categories for this type of possession
- ▣ Work in easier locations first (with highest motivation)

- ▣ Work on easier objects first; set aside harder objects into box labeled “to be sorted later”
 - Continue cleanout until the target area clear
 - Plan the appropriate use of cleared area
 - Create a plan for preventing new clutter to area
- ▣ Gradually reduce therapist assistance in making decisions
- ▣ **Categorizing and Sorting Items:**
 - Clients must think aloud when sorting
 - OHIO (Only Handle It Once)
 - Categorize unwanted items:
 - Trash, recycle, donate, sell, and undecided
 - Develop a list of items to be removed
 - Develop an action plan for removing items
 - Define categories for saved objects (non-paper):
 - Keep similar items together (“like with like”)
 - Choose a limited number of locations for each category
 - Help client select final locations for categories of items
 - Categorizing and filing paper:
 - Help the client identify where to store paper
 - Determine the materials needed to organize paper
 - Ensure each paper category is included in the filing system
 - Make categories for mail, newspapers, magazines
- ▣ **Establish Personal Rules for Saving and Acquiring:**

I must have:

 - ✓ an immediate use for it
 - ✓ time to deal with it appropriately
 - ✓ money to afford it comfortably
 - ✓ space to put it
 - ✓ ... [others]
- ▣ **Questions to Challenge Acquiring:**
 - ✓ Do I need it?
 - ✓ How many do I already have?
 - ✓ Do I have an immediate use for this?
 - ✓ Have I used this in the last year?
 - ✓ Do I have a plan to use this?
 - ✓ Can I manage without it?
 - ✓ Can I get it elsewhere?
 - ✓ Do I want it taking up space in my home?
 - ✓ Does buying/keeping this help meet my personal goals?
 - ✓ Will not buying/getting rid of this help my hoarding problem?

- ✓ Is this truly important or do I want it just because I was looking at it?
- ✓ What are the advantages and disadvantages of acquiring this?

☐ Practice and Homework

- ☐ Collect a box or bag of items from home to bring to the office
- ☐ Work from easier to harder items
- ☐ Sort similar items at home between sessions
- ☐ As skills are gained, bring in only difficult items to sort in office
- ☐ Make sure sorted items are moved to storage locations or out of home

☐ Relapse Prevention

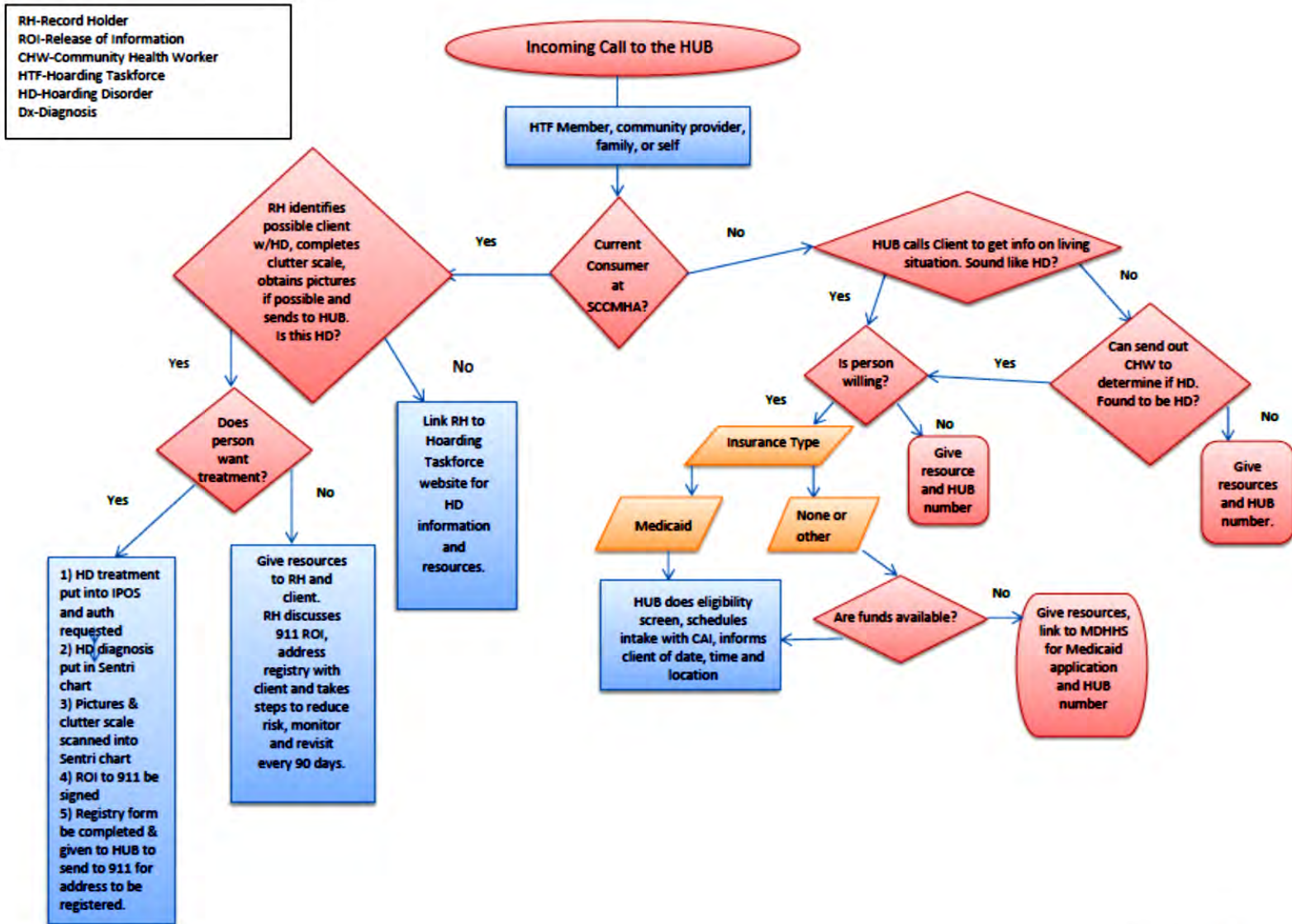
- ☐ Review progress
- ☐ Plan strategies to continue progress
- ☐ Identify therapy methods that worked best
- ☐ Anticipate stressors, setbacks, and lapses
- ☐ Plan strategies to deal with setbacks and determine resources for the future
- ☐ Discuss end-of-treatment concerns
- ☐ Review all skills and techniques
- ☐ Review rules and establish future rules
- ☐ Develop strategies to continue self-work
- ☐ Identify social support and pleasurable maintenance activities
- ☐ Develop strategies for setbacks
- ☐ Schedule booster sessions

Saginaw County Community Mental Health Clinical Protocol for Working with Individuals with Hoarding Disorder

- Treatment for individuals with hoarding disorders will be provided through specifically selected therapists through the enhanced outpatient program.
- A clinical diagnosis of Hoarding Disorder as outlined in the DSM-V must be present to provide hoarding specific services.
- Before therapy begins, there should be an authorization request made by one of the above-mentioned therapists for hoarding disorder treatment through SCCMHA care management.
 - If there is other individual therapy currently occurring by another provider, the current therapy provider should either transfer the case or step aside from the case until the treatment for the hoarding disorder is completed (having two therapists may be overwhelming or confusing to the consumer).
- The Evidence-Based Treatment for individuals with hoarding disorder is CBT for hoarding. The book and workbook Treatment for Hoarding Disorder (Therapist Guide and accompanying workbook) by Gail Steketee and Randy O. Frost is the endorsed treatment model by SCCMHA for the treatment of hoarding disorder. These books should be read by the therapist before beginning treatment.
 - Adjunct books such as: Buried in Treasures (Tolin, Frost, and Steketee) and Stuff (Frost, and Steketee) are also recommended as needed during the treatment process.
- CBT for hoarding (outlined in Treatment for Hoarding Disorder: therapist guide) recommends 26 weekly sessions, spaced over a period of 6 months-this number may vary in some cases.
 - It is also recommended that every 4th session occur in the home with the first home session being recommended to occur by the 2nd session. The in-home sessions may take up to 2 hours to complete.
- Initial hoarding assessment scales should be used, particularly the Clutter Image Rating Scale (CIR), (located on pg. 217 of the Therapist guide and 17 of the consumer workbook)
 - There are also scales related to safety, daily living, and home environment that are highly recommended.
 - The hoarding interview may also be a useful tool for clinicians in the initial assessment phase of treatment
 - These forms and assessments are located in the appendix of the therapist guide.
- If pictures are being taken of the consumers house to determine severity and progress, they must be scanned into the Medical Record

- Community Health Workers (CHWs) will be playing an important role in the treatment of consumers with hoarding disorder; acting as a coordinator and a case manager for community services and possible cleanout related to the housing conditions.
 - CHWs should be working closely with the therapist and the consumer as a coach (Mentioned in the therapist guide) to help with encouragement in treatment throughout the process of change.
- It is recommended that all therapists and CHW's working with persons with hoarding disorder have a base knowledge in hoarding 101 and motivational interviewing.
 - The clinicians working with persons with hoarding disorder should also have a base knowledge of cognitive behavior therapy (CBT).
- There will be a treatment for hoarding disorder privileging process that all practitioners working with individuals with hoarding disorders will be required to go through.

Exhibit C




Last amended 1/3/19

Exhibit D

SCCMHA/Saginaw Hoarding Task Force
HOARDING SERVICES FLOW CHART

<u>SCREENING & INFORMATION</u> →	<u>→ELIGIBILITY DETERMINATION & ASSESSMENT</u> →	<u>→TREATMENT PROVISION</u>
<ul style="list-style-type: none"> ●SCCMHA publishes/posts hoarding number/website address for information ●SCCMHA publishes brochure for community on specific services ●SCCMHA HUB Responds to Calls – and takes action depending upon caller/need (family/friend/neighbor, law enforcement/first responder, other) ●Caller given general information ●Clutter tool Screening by Community Health Worker or other if/when appropriate – HUB will deploy CHW as appropriate – CHW may use other contacts to gain access, “Officer asked me to call.” ●Notice to Central Dispatch for property registry if/when appropriate – real or potential issue, check is address is on the list or put on the list ●Notice to municipality/police if/when appropriate/serious situation ●Referral to Crisis Intervention Services if appropriate ●Referrals for other services? ●HUB to track calls/referrals/services (number, referral sources, disposition, etc.) 	<ul style="list-style-type: none"> ●Crisis Intervention Services Screening for Urgent/Petition Status ●SCCMHA screening for Enhanced Outpatient services eligibility ●Since Enhanced Outpatient providers can do decentralized intake, referrals to the HUB may come from any of the four providers ●SCCMHA Central Access & Intake – oversees SCCMHA service eligibility, early intervention, and screening/assessment ●SCCMHA Care Management – oversees assignment of provider and authorization for services ●Determination of other service providers/home visitor involvement/history of contact (MDHHS/APS/CPS, first responders, etc.) ●Existing SCCMHA consumers can be referred for hoarding treatment with Care Management Authorization ●Revisit of services offered if first declined – every 90 days ●Serious hoarding conditions require municipality contact and coordination 	<ul style="list-style-type: none"> ●Referrals made to Saginaw Psychological Services or Training and Treatment Innovations for clinical services under SCCMHA Enhanced Outpatient benefit ●Non-Medicaid/Healthy MI covered by special funds as available ●Services may include Community Health Worker supports or other to assist with clean out (and other social determinants of health needs) ●Arrangements with DHHS and/or municipality for clean out funds/contracts and monitoring ●Services will be authorized for 6+months ●Evidence-based practice therapy and in-home interventions will be provided ●Plan of service will denote progress in behavior/home conditions ●Use of photos to depict progress, scan pictures into health record on progress ●Post treatment follow up in 6 months

June 2016

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Learning About Healthy Living Tobacco and You (LAHL)	Chapter: 02 – Customer Services & Recipient Rights	Subject No: 02.03.09.38
Effective Date: 6/13/17	Date of Review/Revision: 4/10/18, 4/9/19, 4/14/21, 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 02.03.28	
 <p style="text-align: center;">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Network Services, Public Policy, & Continuing Education Authored By: Mary Baukus, Barbara Glasheim Additional Reviewers: EBP Leadership Team

Purpose:

SCCMHA recognizes the multiple adverse impacts of tobacco use on consumers and therefore supports and promotes the utilization of interventions that aim to reduce and eliminate tobacco use among consumers as part of the organization’s health and wellness programming.

Policy:

- A. Consumers who use tobacco shall, in a trauma-informed manner, be routinely asked about their desire to reduce or stop using tobacco and shall be encouraged to engage in harm reduction activities including eliminating or reducing their use of tobacco products.
- B. Adult mental health consumers shall be routinely offered the opportunity to participate in the Learning About Healthy Living Tobacco and You (LAHL) program when it is available at the SCCMHA-funded drop-in center.
- C. Adult mental health consumers shall also be offered combination treatment that includes pharmacotherapy (e.g., nicotine replacement medications, bupropion SR, and varenicline) and counseling (e.g., the 5 As, which is described below).

Application:

This policy applies to SCCMHA-funded providers of services and supports to adult consumers with a serious mental illness who use tobacco.

Standards:

- A. Consumers will be screened for tobacco use.

- B. Case Holders are encouraged to educate consumers about the hazards of tobacco use.
 - 1. Case Holders are encouraged to use motivational interventions such as the 5 As for Brief Intervention (ask, advise, assess, assist, arrange follow-up), when discussing tobacco use with consumers. (See Exhibit B)
- C. Consumers shall be provided with an opportunity to complete a self-report tobacco use assessment prior to starting LAHL.
 - 1. Consumers may also complete other health-oriented assessments at the discretion of SCCMHA and/or the LAHL facilitator.
- D. Consumers who are referred to LAHL should be psychiatrically stable, not currently experiencing a crisis and, ideally, not actively abusing substances other than tobacco.
 - 1. Persistent symptoms (e.g., depression, mood instability, or psychosis) shall not preclude participation when the consumer is in a stable psychiatric state.
- E. LAHL groups shall be made available to consumers in accordance with their stage of change.
 - 1. Group I: Learning about Healthy Living, an educational and motivational based intervention, shall be targeted to all consumers who smoke.
 - a. The focus shall be on helping consumers to gain knowledge and insight as part of an effort to help them consider moving toward a tobacco-free lifestyle.
 - b. This group shall cover other issues related to healthy living including, but not limited to, nutrition, physical activity, and stress management.
 - c. This group will provide consumers with detailed information regarding the risks associated with smoking, what is in cigarettes, the benefits of quitting smoking, ways to quit smoking, and general healthy lifestyle behaviors that can assist them in quitting smoking.
 - d. This group shall be provided in an open-ended format with rolling admission and shall not be time limited.
 - 1). Consumers may continue attending Group I as long as they desire and will only advance to Group II when they have decided they are ready to take action to quit smoking.
 - 2). Group I membership may have mixed membership and, as such, include members who are ambivalent about quitting as well as those who may not even express a desire to quit.
 - 2. Group II: Quitting Smoking, an action-based treatment which emphasizes techniques for quitting in an effort to improve success and minimize the risk of relapse, shall be targeted to consumers who are ready to try to quit smoking.
 - a. Group II shall be provided in a closed group format.
 - b. Group II shall be conducted once a week for eight to ten weeks.
 - c. This group must be comprised of a minimum of four participants who are committed to quitting.

- d. Although most consumers will have completed Group I as a pre-requisite to participating in Group II, those who are ready to quit may begin LAHL with Group II.
- F. Facilitators shall adhere to the LAHL curriculum as explicated in the program manual (referenced below) when conducting LAHL groups in order to maintain fidelity to the program model.

Definitions:

Learning About Healthy Living Tobacco and You (LAHL) is a manualized, facilitator-led, group-based intervention for consumers with mental health problems who use tobacco.

References:


- A. Learning about Healthy Living: Tobacco and You Program Manual: [Microsoft Word - 2012 lahl \(nysmokefree.com\)](http://Microsoft Word - 2012 lahl (nysmokefree.com))
- B. SCCMHA. *A Guide to Evidence-Based Wellness Practices*. 2016
- C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- D. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
- E. SCCMHA Policy 02.03.25 – Wellness
- F. SCCMHA Policy 02.03.09.31 – 5 A’s

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Screen the consumer for tobacco use. Assess the consumer’s motivation to quit using tobacco. Inform the consumer about the hazards of tobacco use. Offer LAHL to the consumer if they use tobacco. Refer the consumer to the drop-in center for LAHL.	Case Holder/Treatment Team Members
Conduct LAHL groups in accordance with the goals, objectives, and suggested approaches as specified in in the Learning about Healthy Living: Tobacco and You Program Manual	Friends for Recovery Center staff

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Teach-Back	Chapter: 02 – Customer Services & Recipient Rights	Subject No: 02.03.09.39
Effective Date: 6/13/17	Date of Review/Revision: 4/10/18, 4/9/19, 4/14/21, 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 02.03.36	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Network Services, Public Policy, & Continuing Education Authored By: Mary Baukus, Barbara Glasheim Additional Reviewers: EBP Leadership Team

Purpose:

The purpose of this policy is to encourage the use of Teach-Back in order to help consumers and families derive maximum benefit from the services and supports available to them as well as ensure informed consent to interventions or treatment regimens.

Policy:

Studies have shown that forty to eighty percent of the medical information received during office visits is forgotten immediately and nearly half of the information retained is incorrect. Providers shall use Teach-Back, in a trauma-informed manner, with consumers and families in an effort to improve consumer and family understanding of diagnoses, treatments, and interventions in order to enhance adherence to treatment regimens and maximize opportunities for beneficial outcomes.

Application:

This policy applies to all SCCMHA-funded providers.

Standards:

- A. SCCMHA shall offer training in the Teach-Back method to its provider network as resources permit.
 - 1. Teach-Back shall be deemed a foundational practice.
 - a. Providers shall work to become proficient in the use of the Teach-Back method.

- B. Providers shall use Teach-Back when explaining an important concept (e.g., treatment options, medications, adherence to a treatment plan) or demonstrating how to perform a healthcare related activity.
- C. Providers shall adhere to the core elements of Teach-Back:
1. Speaking slowly and using eye contact as well as a caring tone of voice and attitude
 2. Displaying comfortable body language and making eye contact
 3. Explaining things clearly and in plain language (i.e., avoiding the use of medical jargon and vague directions)
 4. Asking the consumer to explain what they heard from the provider using their own words (rather than asking whether they understood what was said or having them parrot what they heard)
 5. Using open-ended questions that start with “what” or “how” and avoiding questions that can be answered with a simple “yes” or “no”
 6. Emphasizing that the responsibility to explain rests clearly with the provider (rather than the consumer)
 7. Explaining the information again and re-checking in all instances when the consumer is unable to teach the material back correctly
 - a. Rephrasing what was told to the consumer/family or re-teaching the material in a different manner and asking them to repeat back what was stated to them in order to increase comprehension
 8. Using reader-friendly print materials to support learning
 9. When appropriate, asking consumers to demonstrate how to do something (e.g., check their blood pressure or take their medications) – the **show-me method**.
 10. Documenting the use of and the consumer’s response to Teach-Back in the consumer’s electronic health record
- D. Providers who wish to evaluate their Teach-Back skills can use the Conviction and Confidence Scale (Exhibit A) and the Teach-Back Observation Tool (Exhibit B) to assess how they are implementing it in everyday practice.

Definitions:

Health Literacy: The ability to receive, understand, and act on health information to make informed health care decisions. Health literacy includes: reading/comprehension, writing, listening, speaking, numeracy, communication/interaction, and problem-solving skills.

Teach-Back: A research-based health literacy intervention that has been found to improve patient-provider communication and patient health outcomes that is a communication technique designed to help consumers remember and understand important information regarding their diagnosis, treatment, or medication. It entails asking consumers to recall and then explain or demonstrate the important information discussed during an interaction with their health care team.

References:

- A. Agency for Healthcare Research and Quality (AHRQ). *Teach-Back: Implementation Quick Start Guide*:

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/TeachBack-QuickStartGuide.pdf>

- B. Merck & Company, Inc. (2014). *The Teach-Back Technique: Communicating Effectively With Patients*:
<https://berkslancasterlebanonlink.files.wordpress.com/2014/07/hl-teachback-brochure.pdf>
- C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- D. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

- A. Conviction and Confidence Scale
- B. Teach-Back Observation Tool

Procedure:

ACTION	RESPONSIBILITY
1. Teach new concept or activity to the consumer	1. Provider
2. Use own words to describe what was learned or demonstrates what was learned	2. Consumer/Family
3. Clarify or correct misinformation Re-teach the concept or activity	3. Provider
4. Restate understanding or demonstrates learned behavior/activity Asks questions	4. Consumer
5. Repeat steps 3 and 4 until sure the consumer/family understand the concept or has the ability to perform the activity safely and accurately	5. Provider/Consumer/Family



Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

- Check one: Before - Date: _____
 1 month - Date: _____
 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important Very Important

1 2 3 4 5 6 7 8 9 10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident Very Confident

1 2 3 4 5 6 7 8 9 10

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

- I have been doing this for 6 months or more.
- I have been doing this for less than 6 months.
- I do not do it now, but plan to do this in the next month.
- I do not do it now, but plan to do this in the next 2 to 6 months.
- I do not do it now and do not plan to do this.



Conviction and Confidence Scale continued

4. Check all the elements of effective teach-back you have used **more than half the time in the past work week.**

- Use a caring tone of voice and attitude.
- Display comfortable body language, make eye contact, and sit down.
- Use plain language.
- Ask the patient to explain, in their own words, what they were told.
- Use non-shaming, open-ended questions.
- Avoid asking questions that can be answered with a yes or no.
- Take responsibility for making sure you were clear.
- Explain and check again if the patient is unable to teach back.
- Use reader-friendly print materials to support learning.
- Document use of and patient's response to teach-back.
- Include family members/caregivers if they were present.

Notes: _____



Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____


Did the care team member...	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				
Ask the patient to explain in their own words what they were told to do about: <ul style="list-style-type: none"> • Signs and symptoms they should call the doctor for? • Key medicines? • Critical self-care activities? • Follow-up appointments? 				
Use non-shaming, open-ended questions?				
Avoid asking questions that can be answered with a yes or no?				
Take responsibility for making sure they were clear?				
Explain and check again if the patient is unable to use teach-back?				
Use reader-friendly print materials to support learning?				
Document use of and patient's response to teach-back?				
Include family members/caregivers if they were present?				



Teach-back Observation Tool continued

Notes: _____



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Eye Movement Desensitization and Reprocessing (EMDR)	Chapter: 02 – Customer Services & Recipient Rights	Subject No: 02.03.09.41
Effective Date: 09/08/21	Date of Review/Revision: 3/9/22, 3/8/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Network Services Public Policy & Continuing Education Authored By: Mary Baukus Additional Reviewers: Jay, McRae, EBP Leadership Team

Purpose:

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

Policy:

SCCMHA recognizes that the experience of trauma is the rule rather than the exception among consumers served by the public mental health system. Therefore, consumers who have been found to have experienced trauma shall be offered opportunities to participate in trauma-specific, evidence-based, interventions including EMDR.

Application:

This policy applies to the entire SCCMHA provider network.

Standards:

- A. SCCMHA shall, resources permitting, offer Eye Movement Desensitization and Reprocessing (EMDR) for individuals who have experienced trauma and are being served by SCCMHA-funded providers.
- B. Providers who deliver EMDR shall receive SCCMHA-approved training and must be privileged to provide EMDR in accordance with SCCMHA policy.
- C. EMDR shall be delivered with fidelity to the model.
 - 1. SCCMHA’s quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (General Organizational Index) as a guide.
 - a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing

Education will facilitate quarterly meetings for Supervisors of EBP Teams, including EMDR ~~when appropriate as needed~~, to discuss fidelity monitoring.

- b. When EMDR is actively being offered, the Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes with reports reviewed at least yearly (or as appropriate for the frequency with which EMDR is occurring) for EMDR participants.

D. Treatment Description:

1. EMDR therapy¹ combines different elements to maximize treatment effects.
2. EMDR therapy involves attention to three time periods: the past, the present, and the future.
 - a. Focus is given to past disturbing memories and related events, current situations that cause distress, and to developing the skills and attitudes needed for positive future actions.
 - b. The time periods are addressed using an eight-phase treatment approach (see Exhibit A).
 - 1). **Phase 1:** History-taking session(s) and treatment plan development.
 - a). The therapist assesses the consumer's readiness and works with the consumers to develop a treatment plan.
 - b). The consumer and therapist identify possible targets for EMDR processing, including distressing memories and current situations that cause emotional distress and related incidents in the past.
 - (1). Emphasis is placed on the development of specific skills and behaviors that will be needed by the consumer in future situations.

NOTE: Initial EMDR processing may be directed to childhood events rather than to adult-onset stressors or the identified critical incident if the consumer had a problematic childhood. Consumers generally gain insight into their situations, the emotional distress resolves, and they start to change their behaviors. The length of treatment depends upon the number of traumas and the age of the onset of PTSD. Generally, individuals with single event adult-onset trauma can be successfully treated in under 5 hours, while individuals who have experienced multiple traumas may require a longer treatment timeframe.

- 2). **Phase 2:** Developing ways of handling emotional distress.

¹ A full description of the theory, sequence of treatment, and research on protocols and active mechanisms can be found in F. Shapiro (2001) *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures (2nd edition)* New York: Guilford Press.

- a). The therapist may teach the consumer a variety of imagery and stress reduction techniques the consumer can use during and between sessions.

NOTE: A goal of EMDR therapy is to produce rapid and effective change while the consumer maintains equilibrium during and between sessions.

- 3). **Phases 3-6:** Identification and processing of a target using EMDR procedures.

- a). The consumer identifies three items:

- (1). The vivid visual image related to the memory.
- (2). A negative belief about oneself.
- (3). Related emotions and body sensations.

- b). The consumer also identifies a positive belief.

- (1). The therapist helps the consumer rate the positive belief as well as the intensity of the negative emotions.

- (2). The consumer is then instructed to focus on the image, negative thought, and bodily sensations while simultaneously engaging in EMDR processing using sets of bilateral stimulation.

- (a). These sets may include eye movements, taps, or tones.

NOTE: The type and length of these sets are different for each consumer.

- (b). At this point, the EMDR consumer is instructed to just notice whatever spontaneously happens.

- (c). After each set of stimulation, the clinician instructs the consumer to let their mind go blank and to notice whatever thought, feeling, image, memory, or sensation comes to mind.

- (d). Depending upon the consumer's report, the clinician will choose the next focus of attention.

NOTE: These repeated sets with directed focused attention occur numerous times throughout the session. If the consumer becomes distressed or has difficulty in

progressing, the therapist follows established procedures to help the consumer get back on track.

(c). When the consumer reports no distress related to the targeted memory, they are asked to think of the preferred positive belief that was identified at the beginning of the session. At this time, the consumer may adjust the positive belief if necessary, and then focus on it during the next set of distressing events.

4). **Phase 7:** Consumer log.

a). The therapist asks the consumer to keep a log during the week.

NOTE: The log should document any related material that may arise. It serves to remind the consumer of the self-calming activities that were mastered in phase two.

5). **Phase 8:** Examination of progress to date.

NOTE: The EMDR treatment processes all related historical events, current incidents that elicit distress, and future events that will require different responses

Definitions:

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

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

References:

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

Exhibits:

- A. EMDR Session Notes

Procedure:

None

Exhibit A

EMDR Session Notes

Clinician: _____

Client Initials: _____ Date: ____/____/____

Presenting symptom: _____

Treatment Session: (circle one): First Reevaluation

Session # _____

EMDR Treatment:

Target: (circle one): Past Present Future _____

Negative Cognition/Belief: _____

Positive Cognition/Belief: _____

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

Emotions: _____

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

Body Location: _____

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

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

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


Closure: If needed (check)

Grounding/Breathing Secure Place Container EMD

Client Stability when leaving session: Poor Fair Good Excellent

Treatment Notes:

Additional Interventions Planned:

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Trauma-Informed Services and Supports	Chapter: 02 – Customer Service and Recipient Rights	Subject No: 02.03.14
Effective Date: 10/5/09	Date of Review/Revision: 4/4/12, 5/6/14, 6/8/16, 6/13/17, 7/17/17, 4/10/18, 4/9/19, 9/6/19, 1/16/20, 6/3/20, 4/14/21, 3/7/22, 3/20/23, 3/15/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Network Services, Public Policy, & Continuing Education
	Supersedes: 02.01.10	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Mary Baukus, Barbara Glasheim Additional Reviewers: Trauma-Informed Workgroup

Purpose:

The purpose of this policy is the importance of the recognition of trauma as a foundational concept across the service array in the provision of all services and supports, embed trauma-informed principles of care within the SCCMHA service system and Saginaw community, promote a strength-based focus on resilience that endorses respect for consumers/families in all situations, as well as to delineate organizational efforts to address secondary trauma among staff. SCCMHA recognizes the idea of universal trauma precautions. This approach always presumes the possibility that an individual one encounters, whether a consumer, visitor, or staff member, may have a trauma history.

Policy:

- A. SCCMHA recognizes that trauma is pervasive among children, youth, adults, and families who are involved in public systems. Additionally, trauma may be significant amongst staff members. Trauma exposure among children and youth is associated with lifelong health, mental health, and related problems. High percentages of individuals with mental illness, substance use disorders, co-occurring psychiatric and substance use disorders, and intellectual/developmental disabilities have experienced childhood neglect or abuse, sexual assault, and other traumatizing experiences. Trauma can challenge a person’s capacity for recovery. The impact of trauma exposure can be mitigated by developing a service delivery and support system that is trauma-informed, prevention-oriented, and focused on improving mental health functioning for children, youth, adults, and their families. Therefore, SCCMHA supports strategies that are designed to prevent and eliminate

- treatment practices that cause trauma or re-traumatization as well as those that reduce the adverse impact of trauma exposure on consumers.
- B. SCCMHA administers an organizational trauma-informed culture initiative across the network of service providers and in the local community, which incorporates leadership input of provider and consumer members to inform a system trauma-informed practices plan, train and integrate knowledge about violence and abuse and fully account for consumer experiences.
 - C. SCCMHA recognizes that staff may experience secondary trauma pursuant to working with consumers who have experienced trauma and shall make every effort to address secondary trauma among staff members and shall make resources designed to mitigate its impact available to staff.

Application:

This policy applies to all providers that receive funding from SCCMHA as well as all staff of the SCCMHA organization.

Standards:

- A. Consumers shall be screened for trauma exposure and related symptoms at initial intake and annually with the completion of the psychosocial assessment.
 - 1. Screening instruments for children and youth
 - a. CTAC Trauma Screening Checklist 0-5 years
 - b. CTAC Trauma Screening Checklist 6-18 years
 - 2. Screening instrument for adults
 - a. CTAC Adult Trauma Screen Self-Report
- B. SCCMHA supports the core principles of a trauma-informed system of care:
 - 1. Safety: ensuring physical and emotional safety of persons served by providing a safe, calm, and secure environment with supportive care to ensure the physical and emotional safety of consumers served
 - 2. Trustworthiness: maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
 - 3. Choice: prioritizing consumer voice, choice, and control as well as self-advocacy
 - 4. Collaboration: maximizing collaboration and sharing of power with consumers through the development of healing, hopeful, honest, and trustworthy relationships
 - 5. Empowerment: prioritizing consumer empowerment and skill-building through recovery-oriented, consumer-driven, trauma-specific services and supports
 - 6. System-wide understanding of the prevalence and impact of trauma on persons served
 - 7. Cultural competence
- C. SCCMHA shall create and maintain a trauma-informed system of care for children and their families that:
 - 1. Makes resources on trauma exposure, its impact, and available treatments available to children, families, and providers
 - 2. Focuses on strengthening the resilience and protective factors of children and families who have been impacted by and are vulnerable to trauma

3. Addresses parent and caregiver trauma and its impact on the family system
 4. Emphasizes continuity of care and collaboration across child-service systems
 5. Maintains an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and increases staff resilience
- D. SCCMHA shall ensure that trauma-informed services and supports incorporate the following components:
1. Trauma-informed screening upon admission, and annually with the psychosocial assessment, to identify consumers who are at high risk. (See A-1 and A-2 in this section.)
 2. When a Trauma-informed screening indicates that the consumer has experienced trauma, the consumer is given the choice to have an assessment of their experiences with trauma, after admission or continued services, is completed using validated instruments and techniques.
 - a. Assessment for adults
 - i. PTSD Checklist for DSM-5 (PCL-5)
 - b. Assessments for children and youth
 - i. Young Child PTSD Checklist Version 5 (YCPC-5) 1-6 years
 - ii. UCLA PTSD Reaction Index for Children/Adolescents DSM 5, 7-18 years
 3. The assessments will:
 - a. Provide a context for current symptoms and guide clinical approaches and recovery progress.
 - b. Inform the treatment culture to minimize potential for re-traumatization.
 4. Treatment planning that facilitates consumer choice, control, and participation in treatment, program/policy development, and evaluation.
 5. An environment that is physically and practically designed to avoid re-traumatization.
 6. An environment that is safe and nurturing.
 7. An environment that is empowering.
 8. An environment that is culturally competent.
 9. An environment that is therapeutic.
 - a. This therapeutic environment is demonstrated by:
 - i. Waiting rooms and group rooms that are accessible, clean, neat, and decorated with comfortable furnishings and tasteful wall decorations.
 - ii. Chairs in waiting rooms, group rooms and offices should be sturdy and able to accommodate all persons regardless of size.
 - iii. In spaces where children receive services there should be age-appropriate activities available to make waiting easier. These materials should be kept clean and replenished on a regular basis.
 - iv. The front desk where consumers check in should be designed in a way that makes the staff person accessible to the consumer while also protecting personal health information.

- v. Careful consideration should be given to lighting, assuring that it allows for a calm comfortable atmosphere but is not too dim which can result in a dreary, depressing environment.
 - vi. Reading materials, signage, and other educational materials and televisions should be available in waiting rooms for the comfort of the consumer and those who may be transporting them.
 - vii. Programs shown on television should be of general interest and reflect, as possible, the values of Saginaw County Community Mental Health Authority.
 - viii. Care should be given to assure that the temperature is comfortable for most persons served.
 - ix. Spaces used for therapeutic purposes must be accessible, clean, and neat with comfortable furnishings and tasteful wall decorations.
 - x. Spaces used for therapeutic purposes must be free of controversial decorations such as religious symbols, political commentary, inflammatory or prurient materials, or other decorative or personal items that might hinder or interfere with the therapeutic environment by causing a conflict with the personal values or beliefs of the consumers served in that space.
 - xi. Spaces used for therapeutic purposes as well as general consumer waiting rooms should feel safe for most consumers served, they should be well lit and private.
 - xii. When meeting with a consumer for therapeutic purposes, care should be taken to ensure full consumer choice; including but not limited to choice of where to sit in the room, whether to have the door open or closed, and choice of who is in the room with them.
- b. For consumers served in residential homes this is demonstrated by:
- i. Homes that are well maintained both inside and outside
 - ii. The main living areas of the home have a warm and homelike feel.
 - iii. Consumers are encouraged and supported to decorate their own personal space with bedding and decorations of their own choosing.
 - iv. Dining areas are large enough for consumers to dine family style.
 - v. Furniture and furnishings are sturdy and in good repair and fixed and/or replaced as needed.
 - vi. Health and safety inspections will occur on a regular basis but at least on an annual basis in all facilities operated by, or under contract with, SCCMHA. The results of these inspections will be documented, identifying the areas inspected and the recommendations for improvement, as well as the action taken to respond to the recommendations.
- c. Welcoming and Recovery are not just about the physical environment but also evidenced through the attitude of the staff working within each environment. Steps should be taken to assure that:

- i. Persons answering the phone at the main switchboard are pleasant, respectful and have a welcoming trauma-informed attitude.
 - ii. Those assigned front desk responsibility have the personality needed to greet consumers, making them feel comfortable, safe, and welcomed.
 - iii. Staff serving consumers demonstrate respect for consumers, an understanding of recovery, trauma-informed care, and a welcoming attitude.
 - iv. Staff working in residential settings acknowledge that the residence is the consumer's home, and the consumer is the focus of the services being provided.
 - d. In addition, a therapeutic environment includes:
 - i. Consistently assigned personnel
 - ii. Scheduled activities
 - e. Sufficient professional staff to:
 - i. Conduct clinical assessments
 - ii. Develop appropriate individual plans
 - iii. Provide therapeutic interventions
 - iv. Review goals/objectives on a regular basis
 - f. Recovery is the expectation for persons with mental illness and/or substance use disorders. This should be evident within the environment through posters and materials in the waiting room and through the attitudes of all staff working with persons with mental illness and/or substance use disorders.
- 10. Staff training regarding trauma and related issues as well as how to provide treatment and care to individuals who have experienced trauma including:
 - a. Staff orientation, training, support, job competencies, and standards related to trauma including an understanding of the dynamics of trauma and recognition that some practices (e.g., the use of seclusion and restraint and forcing intramuscular shot medications) are re-traumatizing.
 - b. Staff development activities that reflect understanding of and sensitivity to issues of violence, trauma, and coercion; incorporate relevant skill sets and job standards; and address prevalence and impact of traumatic events.
 - c. Administrative policy that stipulates that all employees receive orientation and basic education about the prevalence and traumatic impacts of sexual and physical abuse and other overwhelming adverse experiences in the lives of consumers.
 - d. Curriculums used for orientation and basic training that cover the dynamics of re-traumatization and how practices can mimic original sexual and physical abuse experiences, trigger trauma responses,

and cause further harm to the person in order to ensure safety and reduction of harm.

- e. All employees receive education regarding the impacts of culture, race, ethnicity, gender, age, sexual orientation, disability, and socio-economic status on individuals' experiences and perceptions of trauma and their unique ways of coping or healing.
- f. Education of direct service and clinical staff that fosters a trauma-informed understanding of unusual or difficult behaviors, the maintenance of personal and professional boundaries, trauma dynamics and avoidance of iatrogenic re-traumatization, relationships between trauma, mental health symptoms and other problems and life difficulties, vicarious traumatization, and self-care.
- g. The application of trauma-informed issues and approaches and trauma-specific techniques such as grounding and teaching trauma recovery skills to consumers.
- h. Input from and involvement of persons (consumers and staff) with the lived experience of trauma shall be a part of trauma trainings.
- i. The implementation evidence-based and promising practices for the treatment of trauma by practitioners whose clinical work includes assessment and treatment, including those involved in critical incident response.
- j. Critical incident planning, policy and curriculums shall include trauma issues and trauma-informed processes shall be incorporated into initial assessments and intervention processes.

E. SCCMHA shall endeavor to address secondary trauma among staff in accordance with the following standards:

- 1. SCCMHA shall provide education regarding trauma and secondary trauma to staff in order to increase self-awareness and recognition which shall include:
 - a. The risk factors for secondary trauma.
 - b. The signs and symptoms of secondary trauma.
- 2. SCCMHA shall promote a supportive culture and safe environment that promotes self-care.
- 3. SCCMHA shall provide information on self-care to staff during orientation and during ongoing continuing education/in-service training.
 - a. Self-care strategies may include: exercise, meditation/mindfulness, healthy eating, increasing positive coping and time management skills, and engaging in supportive relationships, such as reflective supervision, peer consultation and support.
- 4. SCCMHA shall provide opportunities for debriefing following the occurrence of critical incidents.
- 5. Efforts should be made to assure that each building where staff members are located includes a quiet space that can be used by staff during break periods to separate themselves from the stress of the day.

6. Supervisors shall address secondary trauma during individual and group staff meetings.
7. Staff shall have access to EAP (employee assistance program) services for counseling regarding secondary trauma.

Definitions:

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse (SAMHSA).

Compassion Fatigue which is also known as **secondary traumatic stress (STS)**, is a condition characterized by a gradual lessening of compassion (i.e., the response to the suffering of others that motivates a desire to help) over time.

Individual Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (SAMHSA).

Recovery is process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Re-traumatization entails replication of the event(s) or dynamics of an original trauma which triggers a response associated with the original trauma. Examples include subjecting a person with a history of abuse to restraints and seclusion in a treatment facility or a person exposed to domestic violence who is harshly interrogated in a shelter.

Secondary Trauma which is also known as **vicarious trauma (VT)** is defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event. SAMHSA (2014) defines secondary trauma as trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. Secondary trauma can occur among behavioral health service providers across all settings and among all professionals who provide services to people who have experienced trauma such as healthcare providers, peer counselors, first responders, clergy, and intake workers.

Therapeutic Environment promotes the ability of each person served to meet the goals and objectives jointly agreed upon in the development of his or her plan. It is free of unnecessary interruptions and distractions

Trauma is defined as a psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma-Informed Care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives (SAMHSA). This term refers to an organizational structure and treatment framework that involves understanding, recognizing, and responding to the

effects of all types of traumas and seeking to employ practices that do not traumatize or re-traumatize. Trauma-informed care also emphasizes physical, psychological, and emotional safety; trustworthiness and transparency; collaboration and mutuality; empowerment; and cultural sensitivity and responsiveness.

Trauma-Informed Service Systems/Organizations are those in which all components of the system/organization have been reconsidered and evaluated in the light of a basic understanding of the role that trauma plays in the lives of people seeking mental health and substance use disorder treatment services. A trauma-informed organizational environment is capable of supporting and sustaining trauma-specific services. A trauma-informed system recognizes that trauma results in multiple vulnerabilities and affects many aspects of a survivor's life over the lifespan, and therefore coordinates and integrates trauma-related activities and trainings with other systems of care serving trauma survivors. A basic understanding of trauma and trauma dynamics, including that caused by childhood or adult sexual and/or physical abuse shown to be prevalent in the histories of mental health consumers, should be held by all staff and used to design systems of services and supports in a manner that accommodates the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid re-traumatization and facilitate consumer participation in treatment. A trauma-informed service system is knowledgeable and competent to recognize and respond effectively to adults and children who have been traumatically impacted by any of a range of overwhelming adverse experiences, both those that are interpersonal in nature and those caused by natural events and disasters. Written plans and procedures as well as methods to identify and monitor progress in developing a trauma-informed service system and/or trauma-informed organization should be developed and implemented.

Trauma-Informed Services are designed to avoid re-traumatizing consumers as well as staff working in service settings.

Trauma-Specific Services are designed to treat the long-term effects of past sexual, physical, or emotional trauma. Trauma-specific treatments include:

- **Grounding** techniques which help trauma survivors manage dissociative symptoms.
- **Desensitization** therapies which help to render painful images more tolerable.
- **Behavioral therapies** which teach skills for the modulation of strong emotions.

Welcome: to greet hospitably and with courtesy or cordiality

References:

- A. Adverse Childhood Experiences Study (https://nhhtac.acf.hhs.gov/soar/eguide/stop/adverse_childhood_experiences)
- B. American Academy of Experts in Traumatic Stress (www.aets.org)
- C. Association of Traumatic Stress Specialists (www.atss.info)
- D. CARF Behavioral Health Standards
- E. David Baldwin's Trauma Information (www.trauma-pages.com)
- F. International Society for the Study of Trauma and Dissociation (<https://www.isst-d.org/>)
- G. Michigan Department of Health and Human Services/Behavioral Health and Developmental Disabilities Administration Trauma Policy, [Trauma-Policy_704460_7.pdf \(michigan.gov\)](#)

- H. National Assn. of State Mental Health Program Directors (www.nasmhpd.org)
- I. National Center for Children Exposed to Violence (www.nccev.org)
- J. National Center for Post-Traumatic Stress Disorder (<https://www.ptsd.va.gov/>)
- K. National Center for Trauma Informed Care (originally from SAMHSA, no longer active)
- L. National Center for Victims of Crime <https://victimsofcrime.org/>
- M. National Child Traumatic Stress Network (www.nctsn.org)
- N. National Child Traumatic Stress Network. (Undated). *Glossary of Terms Related to Trauma-Informed, Integrated Healthcare*.
http://www.nctsn.org/sites/default/files/assets/pdfs/glossary_of_terms_related_to_trauma-informed_integrated_healthcare.pdf
- O. National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*: <https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals>
- P. National Trauma Consortium
- Q. Pittsburgh Action Against Rape (www.paar.net)
- R. Rape, Abuse and Incest National Network (www.rainn.org)
- S. Ritual Abuse, Ritual Crime and Healing (www.ra-info.org)
- T. Trauma Services Associates Treatment and Training Institute (www.traumaservices.com)
- U. Sidran Institute (www.sidran.org)
- V. SCCMHA Policy 02.03.05 - Recovery
- W. SCCMHA Policy 02.03.08 – Welcoming
- X. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- Y. SCCMHA Policy 04.01.04 – Trauma Screening, Assessment and Treatment Services
- Z. SCCMHA Trauma Informed Community Plan
- AA. Stamm, B.H., Varra, E.M., Pearlman, L.A., Giller, F. *Vicarious Traumatization*: [VT Handout 3.2018.pdf \(wsimg.com\)](http://www.wsimg.com)
- BB. Substance Abuse Mental Health Services Administration (SAMHSA)
- CC. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57*: <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- DD. Vietnam Veterans
- EE. Witness Justice
- FF. Women, Co-Occurring Disorders and Violence Study:
<https://www.ncbi.nlm.nih.gov/pubmed/15780539>
- GG. Falloot, R., Harris, M. (2009). *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*:
<https://children.wi.gov/Documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>
- HH. National Council for Behavioral Health:
<https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>

Exhibits:

- A. Consumer-Centered, Trauma-Informed, Welcoming Tips and Reminders (Dawn Heje, 9.29.16)
- B. SCCMHA Secondary Traumatic Stress Checklist
- C. Michigan Department of Health and Human Services/Behavioral Health and Developmental Disabilities Administration Trauma Policy

Procedure:

ACTION	RESPONSIBILITY
1. SCCMHA will appoint a trauma leadership group, which will develop a system trauma-informed leadership plan, incorporating marketing, training, and policy, practices and procedure as indicated with defined measurable objectives that includes ongoing organizational self-assessment to evaluate the extent to which current policies are trauma-informed, identify organizational strengths and barriers, and any needed corrective action, as well as approaches that address secondary trauma of staff.	1. SCCMHA CEO, Executive Director of Clinical Services and appointed trauma team and Evidence-Based Practice and Trauma-Informed Care Coordinator
2. SCCMHA will provide ongoing training and educational programs to support a trauma-informed culture.	2. Continuing Education Supervisor and EBP & TIC Coordinator
3. SCCMHA will provide oversight of trauma-informed activities which will be reported in relevant community venues.	3. Trauma-Informed Care Workgroup & SCCMHA Service Management Team
4. SCCMHA will provide methods of soliciting consumer and provider input and offer resources to support special events, visible communications, and appropriate modifications to highlight, broaden and improve trauma-informed foundational knowledge and inform all practices and procedures throughout the network and in the local community.	4. Service Management Team and Trauma-Informed /Evidence Based Practice and Trauma Informed Care Coordinator and Continuing Education Supervisor
5. Trauma team members work in collaboration with SCCMHA	5. Trauma-Informed Workgroup

leadership will include key staff, and trauma survivors such as trauma group participation graduates, who serve in an active advocacy role for service planning, implementation, and evaluation.

6. Consumers are screened for trauma using culturally competent, standardized, and validated instruments appropriate for each population.
7. Consumers are assessed for trauma using culturally competent, standardized, and validated instruments appropriate for each population to identify past or current trauma, violence, abuse, and assess related sequelae that minimally includes:
 - a. Type of trauma (e.g., sexual, physical, emotional abuse or neglect, exposure to disaster)
 - b. Age when the trauma occurred
 - c. Who/what perpetrated the trauma?
 - d. Assessment of symptoms (e.g., dissociation, flashbacks, hyper-vigilance, numbness, self-injury, anxiety, depression, poor school/work performance, conduct problems, eating problems, etc.)
 - e. History of seclusion/restraint, involuntary IM medication experiences
 - f. Individual experiences in inpatient settings (e.g., fear, dissociation, anger, powerlessness)

6. SCCMHA Board Operated and Network Providers

7. SCCMHA Board Operated and Network Providers

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> g. Homelessness, substance use disorder, domestic violence h. What happened when the trauma was disclosed in the past? | | |
| <ul style="list-style-type: none"> 8. Clinical practice guidelines are used for working with consumers with trauma histories that include services that mitigate the effects of risk factors, minimize any trauma potential, and eliminate any further trauma or re-traumatization. | | <ul style="list-style-type: none"> 8. SCCMHA Board Operated and Network Providers |
| <ul style="list-style-type: none"> 9. Consumers are helped to develop safety plans, crisis plans, advance directives | | <ul style="list-style-type: none"> 9. SCCMHA Board Operated and Network Providers |
| <ul style="list-style-type: none"> 10. Trauma-specific services tailored to the population served are provided when indicated. | | <ul style="list-style-type: none"> 10. SCCMHA Board Operated and Network Providers |
| <ul style="list-style-type: none"> 11. Staff education, training and resources are provided to minimize secondary trauma to staff | | <ul style="list-style-type: none"> 11. Service Management Team and Trauma Team Leader/Specialist and Continuing Education Supervisor |
| <ul style="list-style-type: none"> 12. Sets the expectation that consumers served by SCCMHA receive services in an environment that is accessible, clean, safe, and welcoming. | | <ul style="list-style-type: none"> 12. CEO, Executive Director of Clinical Services |
| <ul style="list-style-type: none"> 13. Reviews the environment on at least an annual basis to assure that the environment meets the standards identified through this policy. | | <ul style="list-style-type: none"> 13. Provider and SCCMHA Auditing Department |
| <ul style="list-style-type: none"> 14. Acts related to the recommendations from the above referenced reviews. | | <ul style="list-style-type: none"> 14. Provider |

Consumer-Centered, Trauma-Informed, Welcoming Tips and Reminders

It is the policy and the expectation that anyone seeking or receiving services from SCCMHA, or its network will experience face-to-face and telephone assistance that is provided in a warm, welcoming, non-judgmental, consumer-centered, trauma-informed, recovery-oriented manner. It is our job to give the person and their loved ones hope for recovery.

Do	Don't/Avoid
<ul style="list-style-type: none"> • During face-to-face contacts sit beside or at a right angle to the person whenever possible. 	<ul style="list-style-type: none"> • Sit across from the person with a desk or table between you.
<ul style="list-style-type: none"> • Ask the person if it would be okay to take notes while you talk. Take notes in a way that the person can see what you are writing. Transfer the notes into the EMR after the face-to-face contact. • If you must enter directly into the EMR when you are with the person, acknowledge the limited eye contact and let them know what you are typing as you type. 	<ul style="list-style-type: none"> • Type into a computer as you talk with the person. If you are entering information into the EMR you are not fully engaged with the person. • Sit or stand with your back to the person at any time.
<ul style="list-style-type: none"> • Use non-verbal and para-verbal communication to let the person know you are listening and that you care. The way you listen, look, move and react is going to tell the person how well you are listening. Examples include eye contact as appropriate for the person's culture; nodding; "um-hmm", leaning in toward the person, facial expression. 	<ul style="list-style-type: none"> • Look at your watch or phone, enter information into the EMR while the person is talking, fidget, stare out the window, doodle or use facial expressions that convey anything but care, concern or respect. • Use sarcasm or an angry tone of voice.
<ul style="list-style-type: none"> • Truly listen. If you are planning what you're going to say next, daydreaming, or thinking about something else, you are probably going to miss nonverbal cues and other subtleties in the conversation. Stay focused on the person and the conversation in order to fully understand what's going on. 	<ul style="list-style-type: none"> • Interrupt, daydream, plan your response, focus on your notes, check your phone, or show signs of impatience or disinterest. • Finish the person's sentence.
<ul style="list-style-type: none"> • Convey verbally and non-verbally that no matter what the person is facing, there is hope and acknowledge the big step the person took by asking for help. • Each contact should offer explanations and clarifications, and resources and support, especially if the outcome is not quite what was requested. 	<ul style="list-style-type: none"> • Turn away a person based on eligibility or exclusion criteria. Remember that every door is the right door for screening and gaining access to the most appropriate services.

<ul style="list-style-type: none"> • Make the person the most important part of the interview. Gathering information is more than getting answers to all of the questions on the intake screen. 	<ul style="list-style-type: none"> • Make the questionnaire or medical record the focus of the interview.
<ul style="list-style-type: none"> • Make the person feel safe and in control by offering the choice of where they would like to sit, offer water, having a box of tissues close by, showing where restrooms are in a gender-neutral way, letting the person know they can take a break at any time, and letting the person know they have the right to not respond to any question. 	<ul style="list-style-type: none"> • Ignore the person’s basic needs. • Force them to ask where restrooms are located. • Insist the person answer questions.
<ul style="list-style-type: none"> • Listen without judgement, artfully ask questions for clarification, provide accurate information, offer assistance, and support the person in their recovery journey by starting in the place they are at to ensure that the person will come back for services. 	<ul style="list-style-type: none"> • Offer advice, assume you know what is best for the person, or judge the person’s decisions or situation.
<ul style="list-style-type: none"> • Remember that asking people to reveal personal information can be re-traumatizing, embarrassing, or frightening. Fully explain about confidentiality before starting every contact. • Acknowledge that some questions can be difficult to answer and that the person is doing a great job with a difficult task. 	<ul style="list-style-type: none"> • Hand the person confidentiality material to read and expect they fully understand about confidentiality. • Neglect the person’s signs of discomfort or embarrassment.
<ul style="list-style-type: none"> • Keep in mind that if a person becomes upset during the interview, it is not recommended to probe for more information. The clinician should stop, take care of the person’s needs and help the person regain a sense of safety. 	<ul style="list-style-type: none"> • Ignore signs of distress. • Continue with the interview while the person is crying or showing other signs of emotional distress. • Neglect to offer follow-up services before the person leaves.
<ul style="list-style-type: none"> • Be extra sensitive to questions about gender identity, sexual orientation, sexual activity, military experience, homelessness or near homelessness, family situation, abuse and trauma, and suicidality. 	<ul style="list-style-type: none"> • While any question could trigger re-traumatization, don’t forget that some questions are more likely to bring to mind painful memories, shame, or guilt.
<ul style="list-style-type: none"> • Look for signs of distress or agitation at the end of the session and help the person regain control over their feelings. Once the clinician is sure the person is okay, end with a warm sendoff or warm handoff. 	<ul style="list-style-type: none"> • End the interview or session with the person distressed or disassociated. • Neglect to spend a few minutes engaging with the person before gently handing them off to another

<ul style="list-style-type: none">• Each contact should summarize key information and confirm next steps or follow up plans if applicable.	<p>person or walking them to the front door.</p> <ul style="list-style-type: none">• Neglect to let the person know what a genuine pleasure it was to meet with them.
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For more information:

<http://www.samhsa.gov/behavioral-health-equity/lgbt/curricula>

National Sexual Violence Resource Center: <http://www.nsvrc.org>

<http://www.mentalhealth.va.gov/msthome.asp>

Zero Suicide: <http://zerosuicide.sprc.org/>

SCCMHA SECONDARY TRAUMATIC STRESS CHECKLIST

- Providers shall provide education regarding trauma and secondary trauma to staff in order to increase self-awareness and recognition which shall include:
 - The risk factors for secondary trauma
 - The signs and symptoms of secondary trauma
- Providers shall promote a supportive culture and safe environment that promotes self-care.
- Providers shall provide information on self-care to staff during orientation and during ongoing continuing education/in-service training.
 - Self-care strategies may include: exercise, meditation/mindfulness, healthy eating, increasing positive coping and time management skills, and engaging in supportive relationships, such as reflective supervision, peer consultation and support.
- Providers shall provide opportunities for debriefing following the occurrence of critical incidences.
- Efforts should be made to assure that each building, where staff members are located, includes a quiet space that can be used by staff during break periods to separate themselves from the stress of the day.
- Supervisors shall address secondary trauma during individual and group staff meetings.
- Supervisors should make every effort to promote trustworthiness between supervisors and staff. Supervisors should create an open environment for communication with clear boundaries and expectations.
- A balance between staff autonomy and clear guidelines should be present in performing job duties.
 - Staff are encouraged to make meaningful input into affecting their work (i.e. caseload size and diversity, hours and flex time, when to take leave, kinds of training offered, approaches to clinical care, location and décor of office space).
- All staff are encouraged to collaborate with each other and provide meaningful feedback and feel they are listened to

- Directors communicate with direct line staff and listen to opinions even if they are not implemented.
- Staff are routinely empowered and skill building is a priority
 - **Each staff member's strengths and skills are utilized to provide the best quality care to consumers/clients**
 - Staff members express a high degree of job satisfaction
 - Staff members receive annual training in areas related to trauma and workplace stressors
 - There is appropriate attention to staff accountability and shared responsibility not a blame others mentality.
 - Supervisory feedback is constructive even when critical.
- Staff shall have access to EAP (Employee assistance program) services for counseling regarding secondary trauma.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Developmental Disabilities Administration

TRAUMA POLICY

The purpose of this policy is to address the trauma in the lives of the individuals served by the community mental health system. This policy is promulgated to promote the understanding of trauma and its impact, ensure the development of a trauma-informed system, and the availability of trauma specific services for all populations served. Trauma is defined as:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.¹

Policy

It is the policy of the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) that Prepaid Inpatient Health Plans (PIHPs), through their direct service operations and their network providers, shall develop a trauma-informed system for all ages across the services spectrum and shall ensure that the following essential elements are provided:

- I. Adoption of trauma-informed culture: values, principles, and development of a trauma-informed system of care ensuring safety and preventing re-traumatization.
- II. Engagement in organizational self-assessment of trauma informed care.
- III. Adoption of approaches that prevent and address secondary trauma of staff (See Exhibit A).
- IV. Screening for trauma exposure and related symptoms for each population.
- V. Trauma-specific assessment for each population.
- VI. Trauma-specific services for each population using evidence-based practice(s) (EBPs), or evidence-informed practice(s) are provided in addition to EBPs.
- VII. The PIHP shall, through its direct service operations and its network providers, join with other community organizations to support the development of a trauma-informed community that promotes behavioral health and reduces the likelihood of mental illness and substance use disorders.^{2, 3}

¹Substance Abuse Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

²Substance Abuse and Mental Health Services Administration, Leading Change: SAMHSA's Role and Actions 2011-2012.

³SAMHSA's Initiatives, Preventing Substance Abuse and Mental Illness, 2010.

Standards

To ensure a trauma informed behavioral health system, the following standards are required to meet the stated policy.

Policy

- I. Adoption of trauma-informed culture: values, principles, and development of a trauma-informed system of care ensuring safety and preventing re-traumatization.

Standards – Requirements

- a.) The PIHP shall, through its direct service operations and its network providers, develop and support a Quality Improvement committee with representatives from children, adult, SUD, I/DD services, and individuals. The committee's primary focus is to ensure the building and maintaining of trauma informed care within the PIHPs direct service operations and its network providers.
- b.) The PIHP shall, through its direct service operations and its network providers, ensure that all staff, including direct care staff, are trained and has ongoing training in trauma-informed care. An online module is available for use in training, but other curriculums can be utilized if they address the points delineated in the next paragraph. (Online Module: *Creating Cultures of Trauma-Informed Care* with Roger Fallot, Ph.D. of Community Connections, Washington, DC. This online module is available at <http://improvingmipractice.org>).

Training needs to be updated on a regular basis due to changes in the research and/or evidence-based approaches. Staff trained in trauma-informed care should (1.) understand what trauma is and the principles of trauma-informed care; (2.) know the impact of trauma on a child's and/or adult's life; (3.) know strategies to mitigate the impact of the trauma(s);

- (4) understand re-traumatization and its impact; and (5) understand traumatic loss which may include the loss of a therapeutic, direct care or service relationship.
 - c.) Policies and procedures shall ensure a trauma-informed system of care is supported and the policies address trauma issues, re-traumatization, and secondary trauma of staff.
 - II. Engagement in organizational self-assessment of trauma-informed care.
 - a.) The PIHP Quality Improvement committee conducts an organizational self-assessment to evaluate the extent to which current agency's policies are trauma-informed and to identify organizational strengths and barriers, including an environmental scan to ensure that the environment/building(s) do(es) not re-traumatize. An online module is available to assist the committee in their self-assessment. No specific self-assessment tool is recommended, but it is recommended that the tool being used is comprehensive and ensures that all aspects of the organization is assessed (administration, clinical services, staff capacity, environment, etc.). (Online module: *Creating Cultures of Trauma-Informed Care: Assessing your Agency* with Roger Fallot, Ph.D. & Lori L. Beyer, LICSW, of Community Connections, Washington, DC. This online module is available at <http://improvingmipractice.org>).
 - The self-assessment is updated every three (3) years.

- III. Adoption of approaches that prevent and address secondary trauma of staff. (See Exhibit A)
- a.) The PIHP shall, through its direct service operations and its network providers, adopt approaches that prevent and address secondary traumatic stress of all staff, including, but not limited to:
- Opportunity for supervision
 - Trauma-specific incident debriefing
 - Training
 - Self-care
 - Other organizational support (e.g., employee assistance program)
- IV. Screening for trauma exposure and related symptoms for each population.
- a.) The PIHP shall, through its direct service operations and its network providers, use a culturally competent, standardized, and validated screening tool appropriate for each population during the intake process and other points as clinically appropriate.^{1, 2}
- V. Trauma-specific assessment for each population.
- a.) The PIHP shall, through its direct service operations and its provider network, use a culturally competent, standardized, and validated assessment instrument appropriate for each population. Trauma assessment is administered based on the outcome of the trauma screening.³
- VI. Trauma-specific services for each population using evidence-based practice(s) (EBPs). Evidence-informed practice(s) are provided in addition to EBPs.
- a.) The PIHP shall, through its direct service operations and its network providers, use evidence-based trauma specific services for each population in sufficient capacity to meet the need. The services are delivered within a trauma-informed environment.⁴

¹ACE tool is a population screen and does not screen for related symptoms.

²Examples of standardized, validated screening tools are provided in the trauma section of the website, www.improvingMIpractices.org.

³Examples of standardized, validated assessment tools are provided in the trauma section of the website, www.improvingMIpractices.org.

⁴Examples of trauma-specific services are provided in the trauma section of the website, www.improvingMIpractices.org

- VII. The PIHP shall, through its direct service operations and its network providers, join with other community organizations to support the development of a trauma-informed community that promotes behavioral health and reduces the likelihood of mental illness and SUD.
- a.) The PIHP and its network providers shall join with community organizations, agencies, community collaboratives (i.e., MPCBs), and community coalitions (i.e., Substance Abuse Coalitions, Child Abuse and Neglect Councils, Great Start Collaboratives, neighborhood coalitions, etc.) to support the development of a trauma-informed community that promotes healthy environments for adults, children, and their families.
 - b.) Education on recovery and the reduction of stigma are approaches supported in a trauma-informed community.
 - c.) Substance abuse prevention programs are provided using a SAMHSA approved, evidence-based, and trauma-informed approach.

Exhibit A

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of post-traumatic stress disorder (PTSD) symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.


Compassion fatigue is a less stigmatizing way to describe secondary traumatic stress and has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another individual's traumatic material.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops because of general occupational stress. The term is not used to describe the effects of indirect trauma exposure specifically.

Source: The National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC. National Center for Child Traumatic Stress.

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Medications Services Only	Chapter: 03 - Continuum of Care	Subject No: 03.02.04
Effective Date: May 1, 2002	Date of Review/Revision: 11/13/02, 6/11/07, 5/6/09, 7/7/09, 6/29/10, 6/4/13, 4/7/16, 3/15/17, 10/25/17, 3/1/18, 2/26/19, 6/12/19, 3/26/21, 2/5/24	Approved By: Sandra M. Lindsey, CEO
		Responsible Director: Jen Kreiner Chief of Health Services and Integrated Care
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Jen Kreiner
		Reviewed By: Clinical Leadership Team, Management Team, Ali Ibrahim MD

Purpose:

The purpose of this policy is to outline the process for medication services only, which is designed to serve individuals who require only psychiatric medication monitoring and management. This service is provided when it is determined to be the most appropriate level of care to meet the individual's needs.

Application:

This policy applies to Saginaw County Community Mental Health Authority (SCCMHA) psychiatric prescribers.

Policy:

It is the policy of SCCMHA to provide appropriate, effective, and individualized mental health services, ensuring that all individuals who require “medication services only” receive the appropriate level of care. The "Medication Services Only" policy is designed for individuals who do not require comprehensive mental health services but need ongoing medication management.

Standards:

1. The determination of the appropriateness of this level of service will be made by the individual served and the psychiatric prescriber, in consultation with the treatment team.
2. The individual must be seen at least once every three months by the psychiatric prescriber.

3. The individual plan of service will focus on medication management and will be reviewed and updated at least annually.

Definitions:

Medication Services Only: Psychotropic medication monitoring while not receiving any additional CMH services.

References:


Michigan Mental Health Code, Act 258 of 1974

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1. Determine if the individual is appropriate for “medication services only”, based on their clinical judgment and the individual's current mental health status.	1. Psychiatric prescriber
2. Meet with the individual at least once every three months to monitor medication effectiveness and side effects.	2. Psychiatric prescriber
3. Create a Single Service Plan and update the individual plan of service at least annually, with a focus on medication management.	3. Case Holder
4. Reassess the appropriateness of “medication services only” and adjust the treatment plan as needed.	4. Psychiatrist

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Prescribing Controlled Substances	Chapter: 03 – Continuum of Care	Subject No: 03.02.37
Effective Date: 2/14/19	Date of Review/Revision: 6/12/19, 10/5/20, 10/18/21 1/19/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 03.02.38	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Chief of Health Services & Integrated Care Author: Jen Kreiner Additional Reviewers: SCCMHA Service Management Team, Medical Director

Purpose:

The purpose of this policy is to ensure SCCMHA’s compliance is applicable to the Federal, State and local laws, related to the prescribing of controlled substances, including the use of the Michigan Automatic Prescription System(MAPS)

Policy:

It is the policy of SCCMHA to maintain a clear and consistent approach for prescribing controlled substances and to ensure safe, effective, and responsible prescribing practices within the SCCMHA system.

Application:

This policy applies to all licensed prescribers within the SCCMHA service delivery network.

Standards:

1. Prescribers will adhere to all Federal, State, and local laws in addition to professional ethical guidelines.
2. Controlled substances should always be prescribed when clinically necessary and after a thorough evaluation of the consumer's health condition.
3. All prescribers must maintain accurate, complete, and timely documentation of the consumer’s assessments, treatment plans, prescriptions, and follow-up care.
4. Prescribers must be registered with the Drug Enforcement Administration (DEA) for the drug in the schedule(s) they are prescribing.

5. All prescribers must register for the MAPS and add SCCMHA support staff as delegates.
6. Michigan Automated Prescription System (MAPS) must be monitored according to guidelines set forth by the state of Michigan.
7. MAPS reports are not included in the Medical Records. The prescriber with speak to the contact of the report in the document.
8. All prescribers are responsible for maintaining up-to-date information about Federal, State, and Local laws, in addition to professional ethics in regard to prescription-controlled substances.
9. All consumers prescribed a case holder will be educated on risks, benefits, and the content of the case holder agreement and given an opportunity to ask questions.
10. The case holder agreement must be signed by the consumer and guardian, and the consumer's guardian will be provided with a copy. Consumers who live in group homes where medications are controlled, monitored, and administered by staff, training in SCCMHA Basic Meds certifications are not required to sign a case holder agreement.

Procedure:

1. Require the consumer to enter into a controlled substance agreement that defines the requirement of both the consumer and the prescriber. (see Exhibit A and Exhibit B).
2. Review the SCCMHA Controlled Substance Agreement with the consumer and ensure the consumer understands the agreement using Teach-Back.

Definitions:

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.

Controlled Substance:

Drugs regulated by the DEA and the Michigan Department of Licensing and Regulation Affairs (LARA).

Michigan Automated Prescription System (MAPS): Michigan's prescription drug monitoring program (PDMP) which is administered by the Department of Licensing and Regulatory Affairs (LARA). MAPS is a software tool that provides prescribers and dispensers with real-time prescription data and analytics regarding controlled substances and Schedules II – V drugs that have been dispensed. MAPS assists clinicians in making informed decisions and provides resources to better assess a patient's risk for a substance use disorder.

Prescribers: Physicians, dentists, physician assistants, and nurse practitioners who prescribe medications.

References:

- A. Public Act 247 of 2017: <http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2017-PA-0247.pdf>

- B. Public Act 249 of 2017: <http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2017-PA-0249.pdf>
- C. Public Act 101 of 2018: <http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2018-PA-0101.pdf>
- D. SCCMHA Policy 02.03.09.39 – Teach-Back
- E. DEA
- F. Michigan Public Health Code of Controlled Substance
- G. Prescribing System

Exhibits:

- A. SCCMHA Controlled Substance Agreement – Adult
- B. SCCMHA Controlled Substance Agreement – Child/Adolescent

Procedure:

Action	Responsible Person
1. Access to consumers health condition to determine the necessity for prescribing a case holder.	Prescribers
2. Review consumers prescription history in MAPS.	Prescribers
3. Provide accurate, thorough, and tidy documentation.	Prescribers
4. Educate the consumer on risks, benefits, proper use, storage and disposal of medication, including the contents of the case holder agreement.	Prescribers
5. Maintain the consumer response to the Medication and adjust the treatment plan as necessary.	Prescribers
6. Document all follow-up care and changes to the treatment plan in the consumer medical record.	Prescribers



CONTROLLED SUBSTANCE AGREEMENT

Patient Name: _____ DOB: _____ Date: _____

The purpose of this contract is to prevent misunderstandings about the medications you are prescribed by Saginaw County Community Mental Health Authority. You are being prescribed a controlled substance for the treatment of your psychiatric illness(es). It is important that you understand the risks and responsibilities that accompany this treatment. **You are ultimately responsible for your physical and emotional health.** This agreement will help you and your prescriber comply with the law(s) regarding controlled pharmaceuticals.

MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of my medications is a violation of this agreement and will result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that continued prescription is based on evidence of benefit. I understand that if my symptoms are not improved or my ability to function is not improved with the medication prescribed, it may be stopped or changed. I will work with my therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do for my illness(es). I am agreeable to therapy as a treatment option and know I am responsible to make and keep scheduled appointments.
- I will not attempt to obtain any anti-anxiety medications, sleeping pills or stimulants from another prescriber.
- I will safeguard my medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my health and wellbeing.
- I will not use recreational drugs, street drugs or alcohol.
- I understand that if I become pregnant that my prescriber needs to be notified as soon as possible.
- I will report all medications that I am taking (including but not limited to Methadone, Medical Marijuana, Suboxone and pain medication) to my prescriber. I also agree to sign releases for my prescriber to communicate with all other healthcare providers that are prescribing medication(s) for me.
- I understand that running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for my prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Signature: _____

Date: _____

Exhibit B



CONTROLLED SUBSTANCE AGREEMENT- Children's Clinic

Patient Name: _____ DOB: _____ Date: _____

Parent/Guardian Name: _____

The purpose of this contract is to prevent misunderstandings about the medications your child/adolescent is prescribed by Saginaw County Community Mental Health Authority. Your child/adolescent is being prescribed a controlled substance for the treatment of their psychiatric illness(es). It is important that you and your child/adolescent understand the risks and responsibilities that accompany this treatment. ***You and your child/adolescent are ultimately responsible for their physical and emotional health.*** This agreement will help you, your child/adolescent, and the prescriber to comply with the law(s) regarding controlled pharmaceuticals.


MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of the prescribed medications is a violation of this agreement and may result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that any continued prescription is based on evidence of benefit. I understand that if symptoms are not improved or the ability to function is not improved with the medication prescribed, it may be stopped or changed. My child/adolescent and I will work with a therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do. I am agreeable to therapy as a treatment option for my child/adolescent and know that there is a responsibility to make and keep any scheduled appointments.
- I will not attempt to obtain or administer any medications including but not limited to anti-anxiety medications, sleeping pills or stimulants from another prescriber for psychiatric treatment.
- I will safeguard medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my child's health and mental wellbeing.
- Child/adolescent will not use recreational drugs, street drugs or alcohol.
- I understand that if my child/adolescent becomes pregnant that their prescriber needs to be notified as soon as possible.
- I will report all medications that my child/adolescent is taking (including but not limited to pain medication) to my prescriber. I also agree to sign releases on behalf of my child/adolescent for the prescriber to communicate with all other healthcare providers that are prescribing medication(s) to him/her.
- I understand that my child/adolescent running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for their prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Parent/Guardian Signature: _____ Date: _____

Child/Adolescent Signature: _____

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Quality Improvement Program	Chapter: 04 - Improving Organizational Performance	Subject No: 04.01.01
Effective Date: August 5, 2002	Date of Review/Revision: 8/29/03, 6/8/07, 2/3/09, 6/8/12, 3/21/17, 5/8/18, 9/10/19, 3/8/21, 2/25/22, 2/24/23, 1/22/24	Approved By: Sandra M. Lindsey, CEO
Supersedes:		Responsible Director: Chief Information Officer & Chief Quality and Compliance Officer
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Holli McGeshick
		Additional Reviewers: AmyLou Douglas

Purpose:

- A. To provide an organized, thoughtful, comprehensive, and integrated approach to system-wide quality assurance and quality improvement for SCCMHA.
- B. To clarify the components of a comprehensive quality plan for SCCMHA.
- C. To ensure a responsive and data-driven organizational culture of performance management.
- D. To fulfill SCCMHA contractual obligations with the Michigan Department of Health and Human Services (MDHHS) and with Mid State Health Network (MSHN) PIHP for quality improvement.
- E. To continuously reinforce and promote best value and quality in SCCMHA service delivery, customer service and business operations.
- F. To outline the roles and obligations of various SCCMHA segments - board, management, staff, providers, consumers, and other community stakeholders – in a quality improvement program and plan.
- G. To ensure compliance measurements are determined, implemented, and addressed where appropriate throughout SCCMHA.
- H. To ensure SCCMHA quality planning and implementation for both MSHN delegated managed care functions and board-operated programs/service delivery.
- I. To ensure that SCCMHA responds to changing outcomes, information, technology, risk factors, quality obstacles and customer preference and satisfaction through a comprehensive effort.
- J. To promote quality service, supports and care, as well as satisfaction, dignity and respect for individuals served by SCCMHA.

Policy:

SCCMHA is dedicated to the concepts of quality assessment/assurance and process improvement as an organization. As a Community Mental Health Services Program under contract with MDHHS and as a member of Mid-State Health Network PIHP, SCCMHA is required to have a “quality improvement program” (QIP) that meets certain standards. It is the policy of SCCMHA to design a comprehensive quality program to both meet requirements and to ensure the highest level of effectiveness of service delivery and system operations. Measurement of individual providers as well as SCCMHA system performance will occur at regular intervals and will be made available based on an annual system quality improvement plan. All components of the SCCMHA behavioral health system are expected to address quality measurement and performance improvement as a part of the quality program.

Application:

This policy applies to all divisions, departments, and units of the SCCMHA system, including board-operated programs, provider network members, and all SCCMHA personnel.

Standards:

- A. Quality improvement program will be a priority of the SCCMHA leadership and system.
- B. The SCCMHA CEO will designate an administrative staff member and identified resources and functions dedicated to the system oversight of the quality program.
- C. An annual Quality Improvement Plan (QIP) will be developed by SCCMHA for the SCCMHA system.
- D. The SCCMHA Quality Improvement Plan will fully meet the organization’s contractual obligations from funding sources or regulatory bodies.
- E. The quality program will be based upon standardized indicators and the systematic, ongoing collection, analysis, and interpretation of valid and reliable data.
- F. SCCMHA will utilize established performance measures as a part of the plan, including but not limited to MDHHS required reporting areas of access, efficiency, and outcome, to measure minimum standards of performance and will initiate any performance improvement goals as indicated or desired.
- G. Performance and/or process improvement projects will be part of the SCCMHA plan and incorporate both clinical and non-clinical areas.
- H. The SCCMHA QIP will include both periodic quantitative and qualitative assessments, representative of persons served and the SCCMHA service array, and addressing service quality, sufficiency, and accessibility.
- I. The QIP will include a description of practice guidelines – including adoption, development, implementation and continuous monitoring and evaluation – that are based on nationally accepted clinical standards relevant to persons served.
- J. Licensed and non-licensed staff and contractors will be qualified based on criteria and credentialing procedures included in the QIP program.
- K. Staff and provider network training programs will demonstrate relevance to the QIP.

- L. The SCCMHA QIP will include a provider auditing system to ensure fraud prevention and protection for proper use of funds.
- M. The SCCMHA QIP will include a care management program for utilization management purposes.
- N. SCCMHA QIP plan and oversight will occur through a Quality Governance Council, as appointed by the CEO.
- O. The Quality Governance Council facilitates staff, provider, and consumer input for the QIP and provides leadership for SCCMHA implementation of quality plan and initiatives.
- P. Quality program inputs include both Quality Assurance and Quality Improvement metric reports addressing a comprehensive array of functions including state reporting, PIHP indicators, consumer services indicators, network service indicators, report card and annual report content, regulatory requirements, and regulatory reports as appropriate.
- Q. The Citizens Advisory Council (CAC) of SCCMHA will receive routine quality progress and outcome reports and have regular input on quality planning.
- R. Semiannual meetings of provider and consumer stakeholders shall be convened to collect input response to performance reports.

Definitions:

Risk Management Plan: A strategy for monitoring risk eight domains of risk, with elements establish under the OIG Sentencing Guidelines

Key Performance Indicators: This is a select set of metrics which are monitored at a dashboard level. The KPI set can be selected by state, regional PIHP or locally. KPI's may include both outcome and process measures.

Quality Assessment and Performance Improvement Program (QAPIP): CMS Medicaid Managed Care rules for Quality Management.

Quality Assurance: The process of meeting quality standards and assuring that care reaches an acceptable level.

Quality (Performance) Improvement; continuously analyzing your performance and developing systematic efforts to improve it.

Quality Improvement Program (QIP): Michigan Department of Health and Human Services term for CMHSP contractual program requirements.

Physician Quality Reporting System (PQRS): A set of quality measures reported by Medicare enrolled participating agencies.

References:

External – MDHHS CMHSP Contract – “Quality Improvement Programs for CMHSP’s;” CMS Medicaid Managed Care Final Rule 2016; CARF 2022 Standards for Behavioral

Health, Performance Measurement and Management/Performance Improvement; CMS; Agency for Healthcare Research and Quality (AHRQ) National Quality Strategy; Institute for Health Improvement (IHI); MDHHS Quality Training Plan-Public Health Administration; National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Internal – SCCMHA policies – “Event Verification,” “Regulatory Management,” “Care Management,” “Sentinel Events,” “Behavioral/Risk Management,” “Network Management,” “Person-Centered Planning,” “Health Care Integration”

Exhibits:

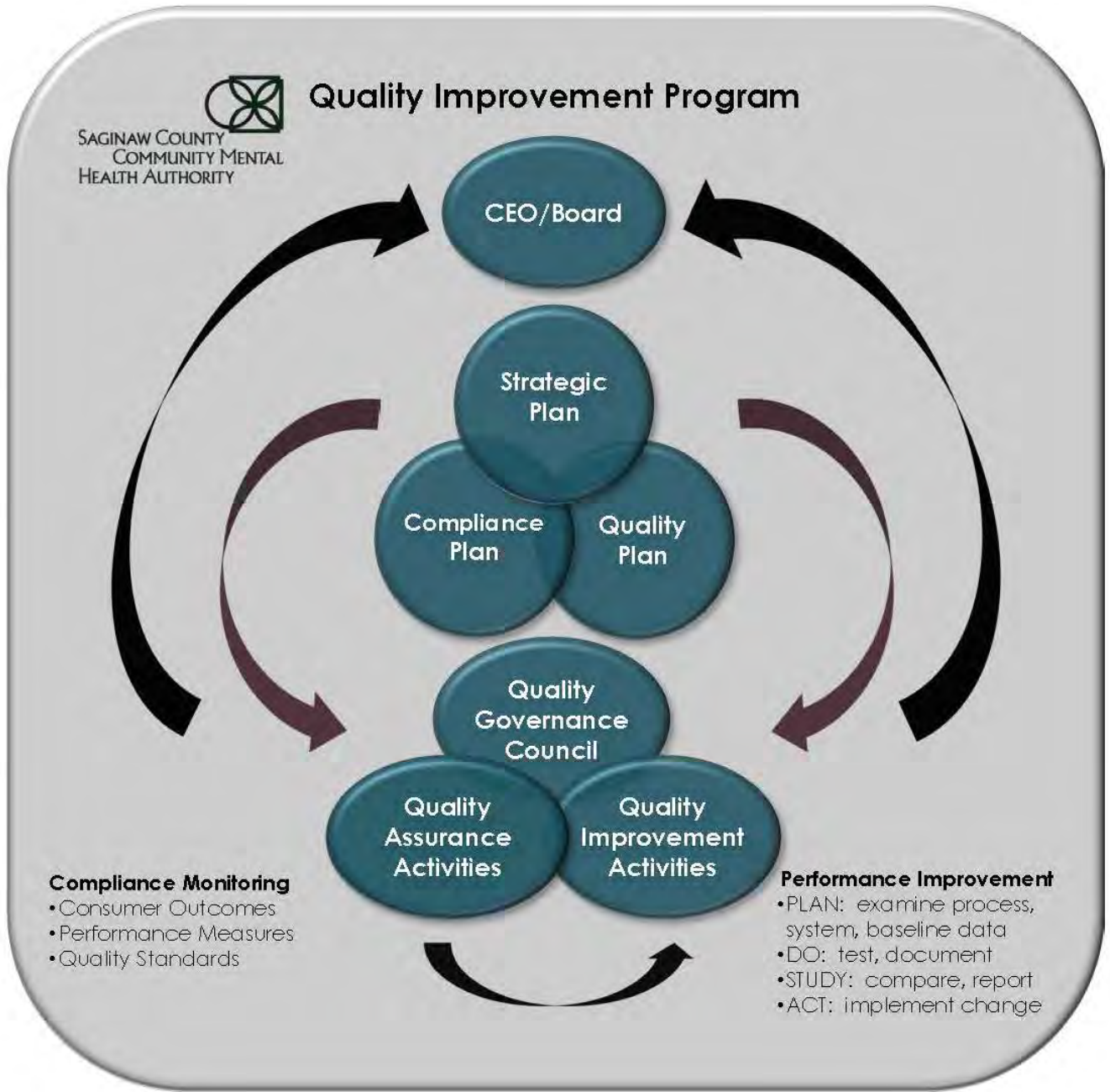
Exhibit A: SCCMHA Quality Program Schematic


Procedure:

ACTION	RESPONSIBILITY
<p>1. Assigns Administrator responsible for oversight of QIP plan development and implementation, as well as leadership for Quality Team; approves QAPIP policy and annual plan. Facilitates any SCCMHA Board of Directors involvement with QIP as required for oversight including program or plan review and reporting. Submits to Board of Directors and/or Board Ends Committee summary data as required or indicated. Publishes quality reports for the community. Ensures stakeholder involvement in QIP policy, plan, and program; reports quality information to the CAC on behalf of SCCMHA.</p>	<p>CEO</p>
<p>2. Serves as assigned Administrator for QIP for SCCMHA. Provides primary leadership for the development of the system QIP plan and recommends policy revisions. Designs the system quality plan to fully address components of SCCMHA compliance, risk and need. Chairs SCCMHA Quality Governance Council and oversees system implementation of QIP. Ensures integrity of quality reporting and related data collections. Publishes quality reports internal to the SCCMHA network and system. Directs or recommends quality related training as indicated. Ensures MDHHS reporting on process improvement and quality reporting as required.</p>	<p>Chief Information Officer & Chief Quality and Compliance Officer</p>

<p>3. Serve as members of the SCCMHA Quality Governance Council appointed by the CEO. Develop and monitor the annual quality plan for SCCMHA. Meet quarterly at minimum to provide quality leadership. Review and approve the Charters for Quality Assurance and Quality Improvement workgroups, review, and monitor Quality Metric Reports.</p>	<p>CEO, Chief Information Officer & Chief Quality and Compliance Officer, Director of Finance, Director of Network Services, Public Policy & Continuing Education, Executive Director of Clinical Services and Programs, Chief of Health Services & Integrated Care, Director of Human Resources, Officer of Recipient Rights and Compliance, Director or Environmental Services; Customer Service and Security, Quality & Medical Records Supervisor, and Business Intelligence Reporting Coordinator</p>
<p>4. Contribute to QIP leadership and implementation for respective areas of scope of responsibility. Ensure respective areas of supervision implement quality plan components. Ensure program staff and provider network member involvement in QIP development. Direct board-operated program staff, administrative staff and provider activities for contribution and compliance. Ensure qualifications and competency of persons providing service to individuals; recommend and ensure needed training and corrective action or performance improvement plans. Facilitate consumer and community individuals' involvement in QIP. May direct or delegate and oversee staff leadership in process improvement work groups or projects. Ensure proper documentation of quality activities and accomplishments.</p>	<p>All Management Team Members</p>
<p>5. Provides leadership to the overall quality program, represents SCCMHA at the MSHN Quality Council. Provides leadership to a team of staff who perform technical support and</p>	<p>Quality & Medical Records Supervisor and Business Intelligence Reporting Coordinator</p>

<p>direct data analytics including publication of metric reports for quality workgroups. Provides quality curriculum training for workforce and skill development in quality leadership.</p>	
<p>6. Provides coordination of Risk Management plan and regulatory compliance information and analysis for quality planning and implementation.</p>	<p>Officer of Recipient Rights & Compliance</p>
<p>7. Provide program oversight for quality of services. Meets with program supervisors to implement continuous program level quality improvement activities, review goal progress, and recommend new initiatives. Systematically gather data to evaluate and improve effectiveness, quality, and cost of provided services. Review and address suggestions from staff and consumers. Provide input on staff development needs of the network.</p>	<p>Executive Director of Clinical Services Programs and Director of Network Services, Public Policy & Continuing Education</p>
<p>8. Provide subcommittee, process improvement, or quality initiatives related task leadership and participation as assigned. Perform job roles, deliver service, and supports and conduct business operations in keeping with QIP requirements and principles.</p>	<p>SCCMHA Supervisors and other Staff</p>
<p>9. Serve as members of the Stakeholder focus groups; provide input through varied mechanisms throughout SCCMHA system, including provider network members and CAC.</p>	<p>SCCMHA Consumers & Stakeholders</p>
<p>10. Provide system quality improvement input, and comply with quality requirements including training, reporting and documentation. Establish measurable quality improvement initiatives appropriate for provider service type and organizational scope. Provide service in keeping with QIP requirements and principles.</p>	<p>SCCMHA Provider Network Members and Employees</p>



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Incident Reporting and Review	Chapter: 04 – Improving Organizational Performance	Subject No: 04.01.02
Effective Date: 9/23/15	Date of Review/Revision: 9/23/15, 5/12/16, 3/14/17, 4/30/18, 1/17/19, 9/10/19, 7/14/20, 3/08/21, 2/25/22, 2/24/23, 1/23/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 02.02.10, 02.02.27, 04.01.03	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Holli McGeshick
		Additional Reviewers: Ashley Wilcox LaDonna Presley

Purpose:

To provide clear guidance and standards for the reporting and review of all deaths and unusual or unexpected events (“Incidents”) of persons served.

Application:

It is the policy of SCCMHA that all deaths and unusual or unexpected events (“Incidents”) involving a person served be recorded on the forms outlined in this policy.

It is also the policy of SCCMHA to identify, track, report and, when necessary, take further action on *Critical Incidents* and *Sentinel Events*.

This policy is intended to assure the quality and appropriateness of care and the treatment, comfort and protection of persons served. It is also intended to comply with various reporting requirements connected to SCCMHA’s contractual arrangements with the Mid-State Health Network (MSHN) as the regional PIHP and with CARF accreditation standards.

Policy:

This policy applies to SCCMHA and its provider network.

Standards:

- 1) Unusual or unexpected events that occur in the life of a consumer while under the

services of SCCMHA and the Provider Network will be reported to the SCCMHA Quality Department within one (1) business day of the incident.

- 2) Any death of a consumer expected or unexpected, who at the time of their death was actively receiving services or received an emergent service within the last 30 calendar days will be reported to the SCCMHA Quality Department within 1 business day of notification of the death.
- 3) Incidents involving a death, or significant physical or psychological injury or suspected recipient rights violation should be immediately reported by phone to the SCCMHA Office of Recipient Rights (ORR).
- 4) Incidents for Licensed Residential Settings will be completed using the MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607) form (exhibit 1).
- 5) Incidents for other programs, such as Skill Building and outpatient settings, should be completed on the MDCH Incident Report (DCH-0044) form (exhibit 2). The death of a consumer should be reported on the SCCMHA Report of Consumer Death form (exhibit 3).
- 6) Use of any Physical Intervention will be documented on the Incident Report form. In addition, the SCCMHA Physical Intervention Report form (exhibit 4) will be completed and submitted with the Incident Report.
- 7) Suspected Abuse or Neglect will be reported on the SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation form (exhibit 5). Reference SCCMHA Policy 02.02.11 Recipient Rights – Abuse and Neglect.
- 8) All forms must be filled out completely and neatly with black ink by the involved or observing staff person. The incident should be described thoroughly and include actions taken by staff/treatment given and corrective measures taken to remedy and/or prevent recurrence of the incident. If an Incident Report form is not completed in its entirety, it will be returned to the submitter for completion.
- 9) An Incident Report form must include full first and last name of the involved consumer(s) and their SCCMHA consumer I.D. If the incident involves another consumer or a consumer from another county, it is best practice to code the other person's name and write any additional incident reports.
- 10) Incidents involving emergency medical treatment and/or hospitalization must include the name of the treatment facility.
- 11) Incidents involving medication errors or refused medications must include the name of the medication, the dosage, and the name of involved staff.
- 12) Home Managers and Program Supervisors are responsible to ensure that their staff report and accurately document incidents as outlined in this policy and that the appropriate follow up care is provided.
- 13) All Incident Reports will be reviewed by the Quality Department, the Office of

Recipient Rights, the Clinical Services Department, and the Director of Network Services, Public Policy & Continuing Ed.

- 14) Critical Incidents and Sentinel Events will be reviewed by the Critical Incident Review Committee.
- 15) Critical Incidents that put individuals at risk of harm to themselves or to others will be analyzed to determine what action needs to be taken to solve the problem and reduce the risk of re-occurrence.
- 16) A Root Cause Analysis or investigation will take place for all Critical Incidents determined to be a Sentinel Event as defined in this policy. Based on the outcome of analysis or investigation, a plan of correction will be developed and implemented to reduce the risk of re-occurrence.
- 17) Critical Incidents that involve a consumer's death will be reviewed by the SCCMHA Medical Director.
- 18) Sentinel Events must be identified, and a Root Cause Analysis requested within three (3) business days of the incident occur date. The Root Cause Analysis must commence within two (2) subsequent business days.
- 19) The Incident Reporting and Critical Incident review process is a retrospective peer review process to improve services or enhance treatment for consumers. Any records, data and knowledge collected in this process are confidential; therefore, this information is not available under the Freedom of Information Act (FOIA) or by court subpoena.
- 20) Incident Report forms and supporting documentation, handwritten or otherwise should not be placed or referenced in the consumer's Electronic Health Record (EHR). The Quality Department will create an electronic Incident Report that will be kept separate from the consumer's EHR.
- 21) Critical Incidents, Risk Events, and Sentinel Events will be reported according to contractual requirements with Mid-State Health Network (MSHN) as the regional PIHP.
- 22) MSHN as the regional PIHP will be notified immediately of any high risk or high-profile critical events (i.e. Immediately Reportable Events).
- 23) The regional PIHP (MSHN) will submit to MDHHS, within **60 days** after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within **one year** of the individual's discharge from a State-operated service.
- 24) In the event of a COFR case, a Critical Incident involving a consumer served by SCCMHA will be reported to the CMH representing the County of Financial Responsibility.
- 25) Aggregated Incident Report data will be reviewed quarterly by the SCCMHA Services Management Team.

Critical Incident Reporting Standards:

PIHPs will report the following events, except Suicide, within 60 days after the end of the month in which the event occurred for individuals actively receiving services, with individual level data on consumer ID, event date, and event type:

- **Suicide** for any individual actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined. If ninety calendar days have elapsed without a determination of cause of death, the PIHP must submit a “best judgment” determination of whether the death was a suicide. In this event the time frame described in “a” above shall be followed, with the submission due within 30 days after the end of the month in which this “best judgment” determination occurred.
- **Non-suicide death** for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver services. If reporting is delayed because the PIHP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide.
- **Emergency Medical Treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children’s Waiver services.
- **Hospitalization due to Injury or Medication Error** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.
- **Arrest of Consumer** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.

Reference: Medicaid Managed Specialty Supports and Services Program: Attachment P7.7.1.1

Submission Guidelines

TYPE OF INCIDENT	FORM	WHEN AND WHERE TO REPORT
Incident	<i>Licensed Residential Settings:</i> <u>MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)</u> (exhibit 1)	Written report to the Quality Department within one (1) business day of the incident
	<i>Other Programs and Outpatient Settings:</i> <u>MDCH Incident Report (DCH-0044)</u> (exhibit 2)	
Physical Intervention	<u>SCCMHA Physical Intervention Report</u> (exhibit 4) <i>(Include with Incident Report Form)</i>	
Death	<i>Licensed Residential Settings:</i> <u>MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)</u> (exhibit 1)	Immediate verbal report to the Office of Recipient Rights
	<i>Other Programs and Outpatient Settings:</i> <u>SCCMHA Report of Consumer Death</u> (exhibit 3)	AND Written report to the Quality Department within (1) business day of the incident
Suspected Abuse or Neglect	<u>SCCMHA Staff Action on Regarding Alleged Abuse/Neglect/Exploitation</u> (exhibit 5) <i>Reference SCCMHA Policy 02.02.11 - Abuse and Neglect</i>	

Definitions:

Critical Incident: an event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of person served including but not limited to:

- 1) Suicide Death
- 2) Non-Suicide Death
- 3) Emergency Medical Treatment due to Injury or Medication Error
- 4) Hospitalization due to Injury or Medication Error
- 5) Arrest

Incident: an unusual or unexpected event or situation which adversely affects the course of treatment or represents actual or potential serious harm or risk to persons served. Such incidents shall include but are not limited to:

- 1) **Challenging Behavior** – verbal or physical aggression, property damage, self-injurious behavior, sexual behavior, suicide attempt, elopement, medication, or medical treatment refusal, use or possession of weapon or legal or illegal substances, theft
- 2) **Death** – any expected or unexpected death
- 3) **Hospitalization** – admission to a medical or treatment facility due to injury, medication error, illness, or psychiatric issue

- 4) **Emergency Medical Treatment** – face-to-face emergency treatment being provided by medical staff at any treatment facility, including personal physicians, medi-centers, urgent care clinics/centers and emergency rooms due to an injury, medication error, illness, or psychiatric issue
- 5) **Law Enforcement** – police call by residential or provider agency staff for assistance with an individual during a behavioral crisis, suspected abuse or neglect, arrest, or conviction
- 6) **Health & Safety** – injury such as bruise (except those due to illness), contusion, muscle sprain, and broken bone; ingestion; seizure; adverse reaction to medication; choking; fall; communicable disease; infection; physical, emotional, or sexual assault; use of physical intervention; fire; biohazard; pest infestation (e.g., bed bugs); issue with medical supplies or equipment, or vehicular accident
- 7) **Medication Error** – consumer did not take/receive medication as prescribed (e.g., missed med, wrong med, wrong dose)

Risk Event: additional critical events defined by MDHHS that put individuals at risk of harm. These events require analysis, and reporting to MDHHS occurs upon MDHHS request. They include:

- 1) **Harm to Self** – actions taken by an individual that cause harm to themselves (e.g., pica, head banging, biting, suicide attempt) that resulted in an injury requiring Emergency Medical Treatment or hospitalization
- 2) **Harm to Others** – actions taken by an individual that causes harm to others (family, friend, staff, peer, public, etc.) that resulted in an injury requiring Emergency Medical Treatment or hospitalization of the other individual
- 3) **Police Calls** – police call by residential or provider agency staff for assistance with an individual during a behavioral crisis situation
- 4) **Emergency Use of Physical Management** – physical intervention by staff in response to a behavioral crisis
- 5) **Hospitalizations** – two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness) within a 12-month period

Root Cause Analysis: As defined by MDHHS, is a process for identifying the basic or causal factors that underlies variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance.

Critical Incident Review Committee: An executive level venue including the Executive Director of Clinical Services, Director of Network Services, Public Policy & Continuing Ed, Chief of Health Services & Integrated Care, the Medical Director and their Physician Assistant, Director of Services for Persons with Intellectual & Development, Director of Services for Persons with Mental Illness, the Quality & Medical Records Supervisor, and

the Mental Health Supervisor of Health Services (EHS) organized for the purpose of reviewing critical incidents and determining sentinel event status. This is a retrospective peer review process using a case specific analysis to improve services or enhance treatment for consumers through the quality improvement process.

Sentinel Event: An unexpected occurrence involving death, serious psychological or physical injury (specifically loss of limb or function) or the risk thereof. This includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response (CARF). Sentinel Events require root cause analysis and reporting to MDHHS.

References:

- SCCMHA Policy 03.02.08 Behavioral Interventions
- SCCMHA Policy 02.02.11 Recipient Rights – Abuse and Neglect
- Medicaid Managed Specialty Supports and Services Program: Attachment P7.7.1.1

Exhibits:

- Exhibit 1 – MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)
- Exhibit 2 – MDCH Incident Report (DCH-0044)
- Exhibit 3 – SCCMHA Report of Consumer Death
- Exhibit 4 – SCCMHA Physical Intervention Report
- Exhibit 5 – SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation
- Exhibit 6 – SCCMHA Root Cause Analysis
- Exhibit 7 – A Framework for Conducting a Root Cause Analysis
- Exhibit 8 – Incident Report Processing & Review Flowchart

Procedures:

ACTION	RESPONSIBILITY
1) When an unusual or unexpected incident occurs involving a person served, complete the appropriate Incident Report form(s) according to the standards and guidelines described in this policy.	1) Involved or observing staff person
2) Sign, date and forward the form to the designated Supervisor as soon as possible, but no later than the end of the shift/day during which the incident occurred.	2) Involved or observing staff person
3) Review the Incident Report to ensure the incident is thoroughly described and the form is completed in its	3) Home Manager/Program Supervisor of the involved or observing staff person

entirety and includes actions taken by staff/treatment given. Add corrective measures taken to remedy and/or prevent recurrence of the incident. Sign and date the form.

NOTE: A copy of the form(s) should be kept in the home/program records, not in the consumer's home record.

- | | |
|---|---|
| <p>4) Within one (1) business day of the incident submit Incident Report form(s) and supporting documentation to the SCCMHA Quality Department by one of the following methods:</p> <ul style="list-style-type: none">a. <u>Quality Department Fax</u>
(989) 272-0290b. <u>Drop Box</u>
500 Hancock (outside bldg.) in an envelope addressed to the Quality Departmentc. <u>Customer Service Office</u>
500 Hancock during regular business hours, Monday - Friday from 8:00 a.m. to 5:00 p.m. in an envelope addressed to the Quality Department | <p>4) Home Manager/Program Supervisor of the involved or observing staff person</p> |
| <p>5) All hard copy Incident Reports will be reviewed to ensure the incident is thoroughly described and the form(s) is completed in its entirety. Incidents will be coded, processed, and entered in the Senti Incident Report module.</p> | <p>5) Quality/Medical Records Dept.</p> |
| <p>6) All hard copy Incident Reports will be reviewed by the Office of Recipient Rights, the Clinical Services Department, and the Network Services Department.</p> | <p>6) Office of Recipient Rights
Clinical Services Department
Network Services Department</p> |
| <p>7) Incident Reports will systematically be</p> | <p>7) Case Holder</p> |

<p>delivered to the consumer's assigned Case Holder, their supervisor, and the Office of Recipient Rights for review, action if necessary, and signoff.</p>	<p>Program Supervisor Office of Recipient Rights</p>
<p>8) If the incident involves a recipient rights issue, the Office of Recipient Rights will investigate it further.</p>	<p>8) Office of Recipient Rights</p>
<p>9) If the incident is determined to be a <i>Critical Incident</i>, it will be brought before the Critical Incident Review Committee.</p>	<p>9) Critical Incident Review Committee</p>
<p>10) If the incident is determined to be a <i>Sentinel Event</i>, a <u>Root Cause Analysis (RCA)</u> will be requested within 3 business days of the incident occur date. The RCA must commence within 2 subsequent business days. A <u>summary</u> of the RCA will be returned to the Quality Department within 12 business days. The incident will then be brought before the Critical Incident Review Committee.</p>	<p>10) Home Manager/Program Supervisor</p>
<p>11) If the incident is a death, the <u>Report of Consumer Death</u> will be routed for review and signatures then will be taken to the Critical Incident Review Committee.</p>	<p>11) Critical Incident Review Committee</p>
<p>12) Risk Events, Critical Incidents, and Sentinel Events will be reported according to contractual requirements with MSHN as the regional PIHP.</p>	<p>12) Quality & Medical Records Supervisor</p>
<p>13) Aggregate Incident Report Data will be reviewed by the SCCMHA Services Management Team and/or the Quality Governance Council.</p>	<p>13) Services Management Team Quality Governance Council</p>


Exhibit 1 – MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)

AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT		Date Received: _____ Date Reviewed: _____ Initials: _____ Action: <input type="checkbox"/> No Follow-Up Needed <input type="checkbox"/> Phone Call Follow-Up <input type="checkbox"/> SI Opened	
Michigan Department of Licensing and Regulatory Affairs			
Name of Facility/Home	License Number	Name of Person Directly Involved	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Facility Address	Address		
Facility Phone	City/State/Zip Code		
Licensee Name	Phone	Case Number (if applicable)	
OTHER PERSON(S) INVOLVED / WITNESSES:			
Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):			
Date of Incident	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):			
Action taken by Staff / Treatment Given (Attach separate sheet if necessary):			
Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):			
Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Physician's Diagnosis of Injury, Illness or Cause of Death, if known			
PERSON(S) NOTIFIED:			
AFC Licensing	Notification Date / Time Written Notice / Date	Adult Protective Services (if applicable)	Notification Date / Time
Physician or RN (if applicable)	Notification Date / Time	Office of Recipient Rights (if applicable)	Notification Date / Time
Responsible Agency	Notification Date / Time Written Notice / Date	Law Enforcement Agency (if applicable)	Notification Date / Time
Designated Representative / Legal Guardian	Notification Date / Time Written Notice / Date	Other (please specify)	Notification Date / Time
SIGNATURE(S):			
Signature of Person Completing Report	Print Name and Title	Date	
Signature of Licensee / Licensee Designee / Administrator	Print Name and Title	Date	
BCAL-4607 (Rev. 1-16) Previous editions 7-15 & 4-15 may be used.		COPY DISTRIBUTION: Resident Record, Licensing Consultant, Responsible agency (if required by rule) and Designated representative	

Exhibit 2 - MDCH Incident Report (DCH-0044)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH INCIDENT REPORT		
AGENCY INFORMATION		
Agency Name	Unit Name	
RECIPIENT INFORMATION		
Recipient Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Case Number
Age	DOB	
INCIDENT INFORMATION		
When did you discover incident? (date and time) <input type="checkbox"/> AM <input type="checkbox"/> PM	When did incident happen? (date and time) <input type="checkbox"/> AM <input type="checkbox"/> PM	Where did incident happen?
Other Employees Involved and/or Present:		
Recipient(s) involved:		Other recipient(s) present:
Explain what happened:		
Action taken by staff:		
Reporting Person's Signature		Date and Time of Report: <input type="checkbox"/> AM <input type="checkbox"/> PM
THIS SECTION MUST BE COMPLETED BY PHYSICIAN OR R.N. WHEN PHYSICAL INJURY TO THE RECIPIENT IS APPARENT		
Description of injury:		
Description of treatment or care given:		
Date and time care given: <input type="checkbox"/> AM <input type="checkbox"/> PM	Extent of injury at time care given: <input type="checkbox"/> SERIOUS* <input type="checkbox"/> NON-SERIOUS	Physician/R.N Signature Date
*Serious physical harm means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.		
REPORTING INFORMATION		
If serious injury Director/Designee Notified: (date/time) <input type="checkbox"/> AM <input type="checkbox"/> PM	If serious injury Rights Advisor Notified: (date/time) <input type="checkbox"/> AM <input type="checkbox"/> PM	Notification made by (print name):
TO BE COMPLETED BY DESIGNATED SUPERVISOR		
1. Name of employee assigned to recipient at time of incident: _____		
2. Indicate program or administrative action taken, including disciplinary action, to remedy and/or prevent recurrence of incident:		
Designated Supervisor Signature		Date
DCH-0044 (W) 05/08	DISTRIBUTION: WITHIN 24 HOURS 1.SEND ORIGINAL TO DIRECTOR 2. MAKE COPIES AND SEND TO: ORR & AGENCY	

Exhibit 3 - SCCMHA Report of Consumer Death

 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		SCCMHA REPORT OF CONSUMER DEATH	
INSTRUCTIONS: This form must be completed by the Primary Worker within 24 hours of notification of the consumer's death.			
PRIMARY WORKER'S SECTION - complete this section, sign, date and forward to your Supervisor			
CONSUMER'S LAST NAME		CONSUMER'S FIRST NAME	CONSUMER I.D.
DATE OF BIRTH	AGE	LIVING ARRANGEMENT PRIOR TO DEATH (i.e., name of home, apartment)	
DATE OF DEATH	TIME OF DEATH <input type="checkbox"/> am <input type="checkbox"/> pm	LOCATION OF DEATH (i.e., name of home, facility, hospital)	
CIRCUMSTANCES SURROUNDING DEATH (e.g., accident, illness)			
THE CAUSE OF DEATH IS BELIEVED TO BE		NOTIFICATION OF DEATH WAS RECEIVED FROM (name and relationship)	
NOTIFICATION OF DEATH HAS BEEN GIVEN TO THE FOLLOWING INDIVIDUALS/DISCIPLINES			
<input type="checkbox"/> FAMILY/GUARDIAN <input type="checkbox"/> ORR <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SPEECH <input type="checkbox"/> PSYCHIATRIST <input type="checkbox"/> RN <input type="checkbox"/> DIETICIAN <input type="checkbox"/> OTHER			
AUTOPSY REQUESTED?		POLICE INVOLVEMENT?	DATE OF CONSUMER'S LAST CONTACT WITH PRIMARY WORKER
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY WORKER'S COMMENTS (optional)			
PRIMARY WORKER'S SIGNATURE		DATE OF SIGNATURE	
SUPERVISOR'S SECTION - review, sign, date and forward to the SCCMHA Quality Projects & Reporting Specialist			
I HAVE REVIEWED AND VERIFIED THAT THE ITEMS ABOVE HAVE BEEN COMPLETED ACCURATELY.			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
I HAVE VERIFIED THAT THE CONSUMER'S CASE HAS BEEN CLOSED IN THE ELECTRONIC MEDICAL RECORD.			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPERVISOR'S COMMENTS (optional)			
SUPERVISOR'S SIGNATURE		DATE OF SIGNATURE	
DIRECTOR'S SECTION - review, sign, date and forward to the SCCMHA Quality Projects & Reporting Specialist			
EXECUTIVE DIRECTOR OF CLINICAL SERVICES AND PROGRAMS SIGNATURE		DATE OF SIGNATURE	
DIRECTOR OF NETWORK SERVICES, PUBLIC POLICY, AND CONTINUING ED SIGNATURE		DATE OF SIGNATURE	
CHIEF OF HEALTH SERVICES AND INTEGRATED CARE SIGNATURE		DATE OF SIGNATURE	
OFFICER OF RECIPIENT RIGHTS AND COMPLIANCE		DATE OF SIGNATURE	
MEDICAL DIRECTOR SIGNATURE		DATE OF SIGNATURE	

SCCMHA REPORT OF CONSUMER DEATH 2-2022

Exhibit 4 – SCCMHA Physical Intervention Report



Physical Intervention Report

Attach this form to an Incident Report when an Emergency
Physical Intervention is used during a behavioral crisis.

Consumer Name: _____ Consumer ID: _____

Date of Incident: _____

Setting where physical intervention occurred: Group Home Program Residence Community

Type of physical intervention used:	Length of time physical intervention lasted:
<input type="checkbox"/> Hands Down with Resistance	<input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes
<input type="checkbox"/> Transport/Escort (come along, 2 person escort)	<input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes
<input type="checkbox"/> Wrap Hold (standing wrap, seated wrap)	<input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes
<input type="checkbox"/> Supine Hold	<input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes
<input type="checkbox"/> Other (describe):	<input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes
Behaviors that initiated the physical intervention:	
<input type="checkbox"/> Imminent Harm to Self <input type="checkbox"/> Imminent Harm to Others <input type="checkbox"/> Imminent Harm to Self and Others	
Positive behavioral supports used immediately prior to and/or during the physical intervention:	
<input type="checkbox"/> Coached Use of Skills	<input type="checkbox"/> Decreased/Removed Demand
<input type="checkbox"/> Offered Choices	<input type="checkbox"/> Clarified Expectations
<input type="checkbox"/> Verbal Redirection/Discussion	<input type="checkbox"/> Problem Solved with Consumer
<input type="checkbox"/> Active Listening and Support	<input type="checkbox"/> Changed Environment
<input type="checkbox"/> Other (describe):	
Event that resulted in termination of the physical intervention:	
<input type="checkbox"/> Consumer regained control of own behavior <input type="checkbox"/> Maximum time of intervention was reached (not to exceed 15 minutes) <input type="checkbox"/> Other (describe):	
Describe the consumer's behavior prior to the physical intervention, including observations about any events, settings, or factors that may have triggered the behavior:	
Additional Comments (optional):	

Completed by: _____ signature _____ Date: _____

Supervisor: _____ signature _____ Date: _____

02/2015

Exhibit 5 - SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation (page 1)

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 Contacted		
<input type="checkbox"/> Law Enforcement			<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Child Protective Services <input type="checkbox"/> form 3200 sent (required)			<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Adult Protective Services			<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> AFC Licensing			<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Office of Recipient Rights			<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Other:			<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed

Alleged victim(s):

Alleged victim(s) identifiers: (indicate the following if known: BD - Birth date, ID - CMH ID#, SS - Social Security Number)

IF Alleged Victim is a minor:

Mother: _____ married single divorced separated

Father: _____ married single divorced separated

Alleged victim address/residence and phone number:

Alleged perpetrator(s) name:

Alleged perpetrator address or location:

Alleged incident occurred at:

Approximate date(s) or time frames of alleged incident (be as specific as possible):

Details of Allegation: (use second sheet if necessary; attach copy of Form 3200 and/or other related documents)

Signature and Title of Person Making this report

Date

Submit this form to Quality by faxing to 989-272-0290, Executive Director of Clinical Services, & Direct Supervisor

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 (5) of Public Act of 1986. It is a misdemeanor to intentionally file a false report of abuse or to violate Section 723.

© Michigan State / Attach Form / Report on Alleged Abuse - Abuse DO NOT COPY TO CONSUMER RECORDS

Exhibit 5 - SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation (page 2)

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT			
WHERE is the report made?	Section 723, Public Act 258 of 1974 <i>as amended</i> (Mental Health Code-Recipient Abuse) To the OFFICE OF RECIPIENT RIGHTS (ORR) at your Hospital or Community Mental Health Services Program (CMHSP) A list of local rights offices can be found at: https://tinyurl.com/orr/offices	Public Act 238 of 1975 (Child Protection Law) To the MIDHHS Office of Childrens Protective Services (CPS) ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911	Section 723, Public Act 258 of 1974 <i>as amended</i> (Mental Health Code-Criminal Abuse) To the Michigan State Police (MSP) or Local Sheriff or Local Police Department 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, 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.	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: 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 to report 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 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	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief 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.	Everyone who has knowledge of a violation or an alleged violation must make a report. MIDHHS 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?	Disciplinary action may be taken and you may be held liable.	You may be held liable. Failure to report is also a criminal misdemeanor.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency?	Each of these laws requires that the designated agency be contacted. If an allegation is suspected to have occurred, which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required.	You may be held liable and have to pay a \$500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Are there other agencies to which a report can be made?	The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care . Call the NURSING HOME ABUSE HOTLINE 1-800-882-6006 The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes . Call the ATTORNEY GENERAL HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/1-800-242-2873 The LARA Adult Foster Care (AFC) Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems COMPLAINT INTAKE UNIT 1-866-856-0126	Everyone who has knowledge of a violation or an alleged violation must make a report. MIDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
YES	YES	YES	YES



Exhibit 6 – Root Cause Analysis Summary



Root Cause Analysis Summary for Critical Incidents & Sentinel Events

INSTRUCTIONS:			
1) A Root Cause Analysis (RCA) will be requested within 3 business days of the incident occur date.			
2) An RCA must commence within 2 business days of the request and be completed within 10 subsequent business days.			
3) The provider will file all related documentation and assure it is kept confidential .			
4) The provider will return <u>ONLY</u> this Root Cause Analysis Summary to the SCCMHA Quality Department within 12 business days of the request.			
CONSUMER'S LAST NAME		CONSUMER'S FIRST NAME	
[REDACTED]		[REDACTED]	
DATE OF EVENT		PROVIDER'S NAME	DATE OF REQUEST FOR RCA
[REDACTED]		[REDACTED]	[REDACTED]
CONSUMER I.D.			
[REDACTED]			
DATE OF RCA START			
[REDACTED]			
BRIEF DESCRIPTION OF EVENT (attach separate sheet if necessary)			
[REDACTED]			
INDIVIDUALS THAT PARTICIPATED IN THE RCA			
NAME: [REDACTED]		TITLE: [REDACTED]	
NAME: [REDACTED]		TITLE: [REDACTED]	
NAME: [REDACTED]		TITLE: [REDACTED]	
NAME: [REDACTED]		TITLE: [REDACTED]	
NAME: [REDACTED]		TITLE: [REDACTED]	
DESCRIBE THE FACTORS (e.g. PROCEDURE, STAFF, ENVIRONMENT, EQUIPMENT) THAT CONTRIBUTED TO THE EVENT (attach separate sheet if necessary)			
[REDACTED]			
THE FOLLOWING PLAN OF CORRECTION WILL BE IMPLEMENTED TO PREVENT FURTHER OCCURRENCE OF THE EVENT (attach separate sheet if necessary)			
[REDACTED]			
TARGET DATE OF IMPLEMENTATION		INDIVIDUAL(S) THAT THE INTERVENTION WILL BE IMPLEMENTED BY	
[REDACTED]		[REDACTED]	
SIGNATURE OF INDIVIDUAL COMPLETING THE RCA SUMMARY		DATE COMPLETED	
[REDACTED]		[REDACTED]	
FOR SCCMHA CIRC USE ONLY			
SIGNATURE OF QUALITY PROJECTS & REPORTING COORDINATOR/CIRC CHAIRPERSON		DATE OF CIRC REVIEW	
[REDACTED]		[REDACTED]	

Exhibit 7 – A Framework for Conducting a Root Cause Analysis (page 1)


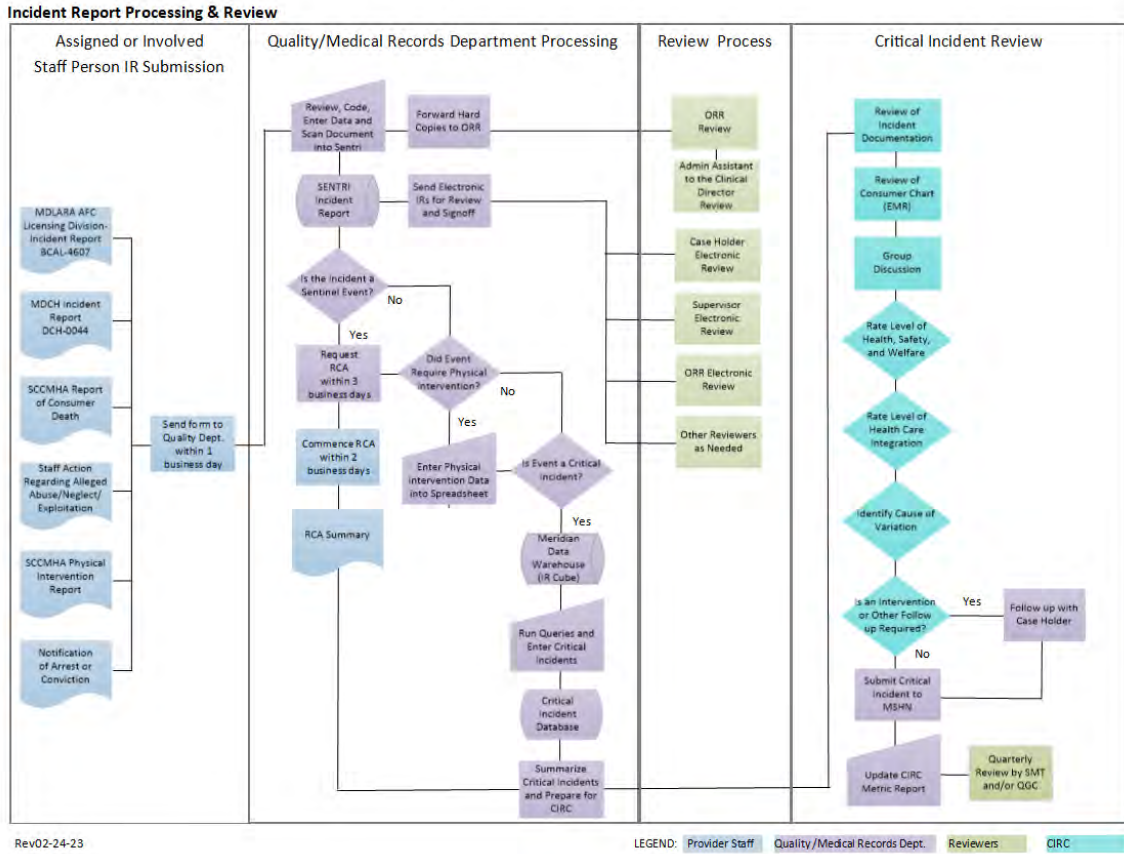

 Sentinel Events		A Framework for Conducting a Root Cause Analysis In Response to a Sentinel Event			
Level of Analysis	Possibilities	Questions	Findings	Risk Reduction Strategies	Measurement Strategies
What Happened? ↓	Sentinel Event	What are the details of the event? What area/service was impacted?			
Why did it happen? What factors were closest to the event? (Typically “special cause” variations) ↓	Human Factors Process Factors Equipment Factors Controllable environmental factors Uncontrollable external factors Other	What human factors were relevant to the outcome? What step(s) in the process were involved? How did the equipment performance affect the outcome? What environmental factors directly affected the outcome? Are they truly beyond the organization’s control? To prevent? To protect against? Are there any other factors that have directly influenced this outcome?			
Why did that happen? What were the processes involved? (May involve “special cause” variation, “common cause” variation, or both) ↓	Patient care process(es) (Specify)	What are the steps in the Process? (intended and actual) What steps were most directly involved in the event? What can be done to prevent failure at this step? What can be done to protect against a bad outcome if there is a failure at this step? What other areas or services are impacted? Where else should improvements be made to reduce risk of this type of event?	Flow chart Cause-effect; change analysis; Failure Mode & effect analysis Fault tree analysis Barrier analysis Failure mode & effect analysis	Eg, amplification, redundancy Eg, “fail safe” design, redundancy (generalize improvements to all applicable areas)	

Exhibit 7 – A Framework for Conducting a Root Cause Analysis (page 2)

Level of Analysis	Possibilities	Questions	Findings	Risk Reduction Strategies	Measurement Strategies
<p>Why did that happen? What systems underlie those processes?</p> <p>Common cause variation here may lead to special cause variation in dependent processes</p>	<p>Human resource issues</p>	<p>How well do staff qualifications and current competencies match their responsibilities in the relevant process(es)?</p> <p>How did actual staffing compare with ideal levels?</p> <p>What are the plans for dealing with contingencies that would tend to reduce effective staffing levels?</p> <p>To what degree is staff performance in the relevant process(es) addressed?</p> <p>How can orientation & in-service training be improved?</p>			
	<p>Information management issues</p>	<p>To what degree is all necessary information available when needed? Accurate? Complete? Unambiguous?</p> <p>How can communication among participants be improved?</p>			
	<p>Environmental management issues</p>	<p>To what degree is the physical environment appropriate for the processes being carried out?</p> <p>What systems are in place to identify environmental risks?</p> <p>What emergency and failure-mode responses have been planned and tested?</p>			
<p>Why did that happen? What systems underlie those processes?</p> <p>Common cause variation here may lead to special cause variation in dependent processes</p>	<p>Leadership issues: Corporate culture</p> <p>Encouragement of communication</p> <p>Clear communication of priorities</p> <p>Uncontrollable Factors</p>	<p>How might the culture better support risk identification & reduction?</p> <p>What are the barriers to communication of potential risk factors?</p> <p>To what degree is the prevention of adverse outcomes communicated as a high priority?</p> <p>How can we protect against these?</p>	<p>Barrier analysis</p>		

Exhibit 8 – Incident Report Processing & Review Flowchart



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Health Literacy	Chapter: 06 – Management of Health & Safety	Subject No: 06.01.01
Effective Date: 4/10/18	Date of Review/Revision: 6/12/19, 11/18/20, 10/12/21, 1/30/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Chief of Health Services & Integrated Care Authored By: Jen Kreiner Additional Reviewers: SCCMHA Service Management Team

Purpose:

The purpose of this policy is to improve health literacy among consumers at SCCMHA. This includes ensuring that patients understand their health conditions, treatment options, and their rights and responsibilities, thereby enabling them to make informed decisions about their healthcare.

Application:

This policy applies to all of SCCMHA provider network.

Policy:

It is the policy of SCCMHA to enhance the health literacy of consumers by providing clean, understandable and culturally sensitive information about their health while respecting their autonomy and dignity. SCCMHA staff will reduce or eliminate the mismatch between a provider’s level of communication and a consumer’s level of comprehension. These efforts are intended to reduce or eliminate medication errors; missed appointments; inadequate knowledge and care for chronic health conditions; poor adherence to treatment regimens and self-care behaviors; poor comprehension of health information; adverse health outcomes; and increased health care costs.

Consumers need information they can understand and use to make informed decisions and take actions that protect and promote their health.

Standards:

- A. Assume everyone may have difficulty understanding information and staff.
- B. Communicate in clear, plain, simple, nonmedical (jargon-free), conversational language and convey information with short words and short sentences that contain only essential information.
- C. Ensure consumers have understood the information prior to ending the conversation.

- D. Use Visual tools of demonstrations.
- E. Limit the amount of information provided and repeat it in order to enhance recall. Use the “**chunk and check**” method to break down the information into smaller more manageable chunks rather than providing it all at once and, in between each chunk, use methods such as teach-back to check for understanding before moving on.
- F. Use the **Teach-Back** (Exhibit B) technique to confirm understanding by asking consumers to repeat instructions.
- G. Encourage consumers and their supporters (family, friends, etc.) to ask questions.

Definitions:

Health Literacy: The ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment. (Institute of Medicine, 2004)

References:

- A. Committee on Health Literacy, Institute of Medicine, Nielsen-Bohlman, L., Panzer, A., Kindig, D., eds. (2004). *Health Literacy: A Prescription to End Confusion*. The National Academies Press. Washington, DC. [On-line]. Available: <https://www.nap.edu/read/10883/chapter/1>.
- B. National Assessment of Adult Literacy (NAAL): <https://nces.ed.gov/naal/>
- C. Office of the Surgeon General. (2007). *Proceedings from the Surgeon General’s Workshop on Improving Health Literacy*. [On-line]. Available: https://www.ncbi.nlm.nih.gov/books/NBK44257/pdf/Bookshelf_NBK44257.pdf.
- D. Partnership for Clear Health Communication: Ask-Me-3 www.askme3.org
- E. SCCMHA Policy 02.01.01.02 – Cultural Competence
- F. SCCMHA Policy 02.03.01 – Consumerism
- G. SCCMHA Policy 02.03.03 – Person-centered Planning
- H. SCCMHA Policy 02.03.08 – Welcoming
- I. SCCMHA Policy 02.03.36 – Teach-Back
- J. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National Action Plan to Improve Health Literacy*. U.S. Department of Health and Human Services. Washington, DC. [On-line]. Available: https://health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf.

Exhibits:

- A. Ask-Me-3 Poster (Institute for Healthcare Improvement [IHI])
- B. Teach-Back Poster (Children’s Hospital of Wisconsin)
- C. Newest Vital Sign (NVS)
- D. Consumer Demographics Section of SENTRI

Procedure:

ACTION	RESPONSIBLE PERSON
1. Conduct a health literacy assessment	Staff completing assessment.

ACTION	RESPONSIBLE PERSON
2. Document a score of 1-5 with 1 being the least level of health literacy and 5 being the highest.	Staff completing assessment.
3. Utilized this information when providing health education to the consumer.	Staff completing assessment.
4. Evaluate the efficacy of the health education and adjusting education as needed.	Staff completing assessment.

Write your health care provider's answers to the 3 questions here:

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Asking these questions can help me:

- Take care of my health
- Prepare for medical tests
- Take my medicines the right way

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my health care provider again.

When I Ask 3, I am prepared. I know what to do for my health.

Your provider wants to answer 3

Are you nervous to ask your provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, health care providers have busy schedules. Yet they want you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

Bring your medicines with you the next time you visit a health care provider. Or, write the names of the medicines you take on the lines below.

Like many people, you may see more than one health care provider. It is important that they all know about all of the medicines you are taking so that you can stay healthy.

Ask Me 3[®] is an educational program provided by the Institute for Healthcare Improvement / National Patient Safety Foundation to encourage open communication between patients and health care providers.

“Teach-Back” to Assess for Understanding

Goal: Effective child and family self-management



- ➊ Teach new concept or skill →
← Repeat new learning in own words or demonstrate new skill (“teach-back”)
- ➋ Clarify or correct misunderstood information →
← Repeat corrected information
- ➌ “What questions do you have?”
- ➍ Continue process until concept or skill is understood →



© Children’s Hospital of WI, 2009

How to Use the Newest Vital Sign

1. Who and when to administer the Newest Vital Sign.

- A nurse (or other trained clinic staff) is the preferred administrator of the Newest Vital Sign.
- Administer at the same time that other vital signs are being taken.

2. Ask the patient to participate.

A useful way to ask the patient is an explanation similar to this:

"We are asking our patients to help us learn how well they can understand the medical information that doctors give them. Would you be willing to help us by looking at some health information and then answering a few questions about that information? Your answers will help our doctors learn how to provide medical information in ways that patients will understand. It will only take about 3 minutes."

3. Hand the nutrition label to the patient.

The patient can and should retain the nutrition label throughout administration of the Newest Vital Sign. The patient can refer to the label as often as desired.

4. Start asking the 6 questions, one by one, giving the patient as much time as needed to refer to the nutrition label to answer the questions.

- There is no maximum time allowed to answer the questions. The average time needed to complete all 6 questions is about 3 minutes. However, if a patient is still struggling with the first or second question after 2 or 3 minutes, the likelihood is that the patient has limited literacy and you can stop the assessment.
- Ask the questions in sequence. Continue even if the patient gets the first few questions wrong. However, if question 5 is answered incorrectly, do not ask question 6.
- You can stop asking questions if a patient gets the first four correct. With four correct responses, the patient almost certainly has adequate literacy.
- Do not prompt patients who are unable to answer a question. Prompting may jeopardize the accuracy of the test. Just say, "Well, then let's go on to the next question."
- Do not show the score sheet to patients. If they ask to see it, tell them that "I can't show it to you because it contains the answers, and showing you the answers spoils the whole point of asking you the questions."
- Do not tell patients if they have answered correctly or incorrectly. If patients ask, say something like: "I can't show you the answers till you are finished, but for now you are doing fine. Now let's go on to the next question."

5. Score by giving 1 point for each correct answer (maximum 6 points).

- Score of 0-1 suggests high likelihood (50% or more) of limited literacy.
- Score of 2-3 indicates the possibility of limited literacy.
- Score of 4-6 almost always indicates adequate literacy.
- Record the NVS score in the patient's medical record, preferably near other vital sign measures.

Best Practices for Implementation: Summary

- A nurse (or other trained clinic staff) is the preferred administrator of the NVS.
- Administer the NVS at the same time that the patient's other vital signs are being taken.
- Record the NVS score in the patient's chart, preferably near other vital sign measures.
- Tailor communication to ensure patient understanding.

Why Does an Ice Cream Label Work as a Predictor of the Ability To Understand Medical Instructions?

A patient's ability to read and analyze any kind of nutrition label requires the same analytical and conceptual skills that are needed to understand and follow a provider's medical instructions. The skills, which are known as *health literacy*, are defined as the understanding and application of words (prose), numbers (numeracy), and forms (documents).

The use of an ice cream label is especially relevant as recent research in the *American Journal of Preventive Medicine* (November 2006) has shown that poor comprehension of food labels correlated highly with low-level literacy and numeracy skills. However, the study found that even patients with better reading skills could have difficulties interpreting the labels.

Whether reading a food label or following medical instructions, patients need to:

- Remember numbers and make mathematical calculations.
- Identify and be mindful of different ingredients that could be potentially harmful to them.
- Make decisions about their actions based on the given information.

PROSE LITERACY:

Clinical example: The patient has scheduled some blood tests and is instructed in writing to fast the night before the tests. The skill needed to follow this instruction is **Prose Literacy**.

Ice cream label example: The patient needs this skill to read the label and determine if he can eat the ice cream if he is allergic to peanuts.

NUMERACY:

Clinical example: A patient is given a prescription for a new medication that needs to be taken at a certain dosage twice a day. The skill needed to take the medication properly is **Numeracy**.

Ice cream label example: The patient needs this same skill to calculate how many calories are in a serving of ice cream.

DOCUMENT LITERACY:

Clinical example: The patient is told to buy a glucose meter and use it 30 minutes before each meal and before going to bed. If the number is higher than 200, he should call the office. The skill needed to follow this instruction is **Document Literacy**.

Ice cream label example: The patient needs this skill to identify the amount of saturated fat in a serving of ice cream and how it will affect his daily diet if he doesn't eat it.



Ice Cream Label

Nutrition Facts			
Serving Size		½ cup	
Servings per container		4	
<hr/>			
Amount per serving			
Calories	250	Fat Cal	120
<hr/>			
			%DV
Total Fat	13g		20%
Sat Fat	9g		40%
Cholesterol	28mg		12%
Sodium	55mg		2%
Total Carbohydrate	30g		12%
Dietary Fiber	2g		
Sugars	23g		
Protein	4g		8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Exhibit D

Index <ul style="list-style-type: none">1. Basic Information2. Consumer Contacts3. Demographics4. Diagnosis5. Health<ul style="list-style-type: none">a. Health Informationb. Health & Other Conditions6. Financial Information7. Allergies/Meds	<h3>3. Consumer: Demographics</h3> <p>Referred for treatment by EPSDT <input type="radio"/> Yes <input type="radio"/> No / Adult</p> <p>Race / Ethnic Origin</p> <p>White <input type="text"/></p> <p>* Select Race <input type="text"/></p> <p>* Select Race <input type="text"/></p> <p>Designations</p> <p>I/DD Designation <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Evaluated</p> <p>Detailed SMI or SED Status</p>
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Marital Status

Health Literacy Score
* Select Health Literacy Score

Record Added
gsmith 07/19/2007 11:23:50 AM

Record Changed
Isantino 01/21/2020 04:02:38 PM

*** Select Health Literacy Score**

01

02

03

04

05

06

* Select Health Literacy Score

Enhanced Health & Integration Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Consent to Treatment with Psychotropic Medications	Chapter: 09.09.04 - Physicians Services	Subject No: 09.09.04.03
Health Home & Integrated Care		
Effective Date: November 30, 2001	Date of Review/Revision: 6/15/04, 8/18/08, 2/19/10, 6/4/13, 4/8/16, 4/18/17, 3/1/18, 7/30/19, 1/31/24	Approved By: Jen Kreiner, Chief of Health Services and Integrated Care
	Supersedes: 09.06.04.08 - Consent to Treatment with Medications	Authored By: Jen Kreiner
		Reviewed By: Ali Ibrahim MD, Medical Director, Officer of Recipient Rights and Compliance

Purpose:

The purpose of this policy is to ensure that informed consent is obtained prior to the initiation of psychotropic medication treatment by a Saginaw County Community Mental Health Authority prescriber, while respecting the rights of the consumer, and adhering to legal and ethical standards.

Application:

This policy applies to all SCCMHA provider network.

Policy:

It is the policy of Saginaw County Community Mental Health Authority that all consumers and/or guardians will be provided informed consent which must be based on a thorough understanding of the benefits, potential side effects, and alternative treatment. Informed consent must give the consumer and/or guardian the right to either use or refuse psychotropic medication.

Standards:

1. Full disclosure of information regarding the medication, including its purpose, expected benefits, potential side effects, and alternative treatments.
2. Allow for adequate time to consider the information and ask questions.
3. Documentation of the informed consent using the medication consent in SENTRI.

4. The consumer and/or guardian are provided with a copy of the signed consent.
5. The medication Consent will be in effect from the date of prescription once signed by the consumer or the consumer's legal guardian for one year.

Definitions:

Medication – any chemical substance prescribed for the treatment or amelioration of disorders of thought, mood or behavior. (Based on the definition of Drug from the Mental Health Code, Part 7, subpart 1. 330.7001 m)

Psychiatric Prescriber - a psychiatrist, nurse practitioner, or physician's assistant who is licensed by the State of Michigan.

Reference:

1. Provision of Psychiatric Services Policy – 03.02.44
2. Michigan Mental Health Code
 - o [https://www.legislature.mi.gov/\(S\(jnljgd0ilbtdlc1imocdz1ij\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974](https://www.legislature.mi.gov/(S(jnljgd0ilbtdlc1imocdz1ij))/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974)

Exhibits:

Medication Consent Form from SENTRI

Procedure:

ACTION	RESPONSIBLE PERSON
1. When a new medication is prescribed for a consumer by a Saginaw County Community Mental Health Authority prescriber. The prescribing module will generate a Medication Consent in the record.	Prescriber
2. Explain the diagnosis, purpose of the medication, the expected benefits, potential side effects, and any alternative treatments.	Prescriber
3. Reinforce and explain any required lab work needed for the specific medication that they are on.	Prescriber
4. Provide the consumer and/or guardian with both verbal and written information about the medication.	Prescriber
5. Provide the consumer with the opportunity to ask questions regarding the medication, and request that the consumer and/or guardian verbalize an understanding of presented material.	Prescriber

ACTION	RESPONSIBLE PERSON
6. Obtain a signed Medication Consent. This can be by either printing the generated Medication Consent for signature or procuring the signature electronically. This signature is either by the consumer or the consumer's legal guardian.	Prescriber, staff
7. Provide the consumer and/or guardian with a copy of the signed consent form.	Prescriber, staff

Health & Integration Services Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Referral Process	Chapter: 09.09.05	Subject No: 09.09.05.05
Enhanced Health Services		
Effective Date: June 1, 2016	Date of Review/Revision: 3/9/17, 3/1/18, 7/30/19, 6/29/21, 3/25/22	Approved By: Chief of Health Services and Utilization Management Authored By: Linda Schneider, Michelle Vance, HS Supervisor Reviewed By: Michelle Vance, Suzanne Perkins, PT, DPT Janet Giem, OTRL Felicia McRae, OTLR
	Supersedes: 09.06.12.04	

Purpose:

To establish the process for referring individuals to Health Service (HS) disciplines.

Policy:

None

Application:

None

Standards:

1. **Occupational Therapy/Physical Therapy/Speech Language Pathology:** These disciplines require a prescription from a physician and SCCMHA authorization to conduct an evaluation/assessment And a referral must be made known to the HS supervisor via Sentri message. Following evaluations/assessment, the case holder will be notified of recommendations for Individual Plan of Service (IPOS). These services include direct treatment, staff training, and family training, monitoring of established homes programs, recommendations for specialized medical equipment and supplies, otherwise known as durable medical equipment or assistive technology and enhancing community integration. HS staff will establish goals and/or outcomes that the case holder must integrate into the (IPOS). Authorizations

for services must be requested by the case holder and/or HS staff. Once the individual has reached the maximum therapeutic potential as determined by specific discipline, skilled services will no longer be required, and the case holder is responsible for completing the review of the outcomes in the IPOS and complete and send out the Notice of Adverse Benefit Determination if appropriate.

2. Dietary Nutritional Services:

This discipline requires a prescription from a physician and SCCMHA authorization to conduct an evaluation/assessment and a referral must be made known to the HS supervisor via Senti message. Following assessment, the case holder will be notified of recommendations for Individual Plan of Service (IPOS). These services include individual and group education or counseling to include nutritional aspects of disease processes, meal planning, grocery shopping, healthy eating and cooking, portion control and food models, menu planning within their individual budget. HS staff will establish goals and/or outcomes that the case holder must integrate into the (IPOS). Authorizations for services must be requested by the case holder and/or HS staff. Once the individual has reached the maximum therapeutic potential as determined by specific discipline, skilled services will no longer be required, and the case holder is responsible for completing the review of the outcomes in the (IPOS) and complete and send out the Notice of Adverse Benefit Determination if appropriate.

Definitions:

None

References:

None

Exhibits:

Exhibit A-Referral Workflow
Exhibit B-Dietician Referral Guidelines
Exhibit C-Dietitian Prescription Request

Procedure:

Procedure for Referrals to SCCMHA Health Services (HS)

- 1) When a consumer requires Health Services (OT/PT/SLP), the case holder should contact HS supervisor in writing to initiate referral process.
- 2) As SCCMHA is the payor of last resort, consumers should have exhausted PT/OT/SLP services from a community resource prior to utilizing SCCMHA services. These do not include agencies that we contract services with. Case holder should document what community services were utilized and scan proof documents of those services and/or denial of service within the consumer record in Senti.
- 3) Medicaid mental health coverage is payor of last resort, all primary commercial insurances including applicable Medicaid Health Plan and Children's Special

- Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative diagnosing) by the assigned physician with obtaining written auth/service request denials from such primary payors prior to requesting SCCMHA care mgmt. for review/authorization of such ancillary service requested.
- 4) Prescription to initiate services will be completed by HS staff and will be scanned into the consumers record under the scanned documents tab in Senti. Children that do not receive SCCMHA psychiatric services will be required to obtain a prescription from their primary care physician.
 - 5) HS staff will notify the case holder that prescription has been signed and will collaborate to get services initiated making sure that the need for services is documented clearly in the IPOS.
 - 6) Case holder and in some cases HS staff will request authorization (CPT Code 9716X) for initial assessment/evaluation within a timely manner (5-7 business days) of being notified of prescription signature.
 - 7) HS staff will conduct assessment/evaluation and utilize the “Send Copy to” function within Senti to inform the case holder of the results from their assessment/evaluation and inform them of additional authorizations if needed.
 - 8) Case holder and in some cases HS staff will request additional authorizations for further interventions and/or treatments as established in the HS care plan.
 - 9) Ongoing communications should be collaborated between the HS staff and case holder via “Send Copy to” function within Senti. Case holders should review progress notes on a regular basis to obtain updated information on the progress or lack of progress toward consumer’s goals and objectives. Documentation of such collaboration should be found in periodic reviews. Case holder should include HS staff in IPOS planning process.

Procedure for Referrals for Contracted Health Services

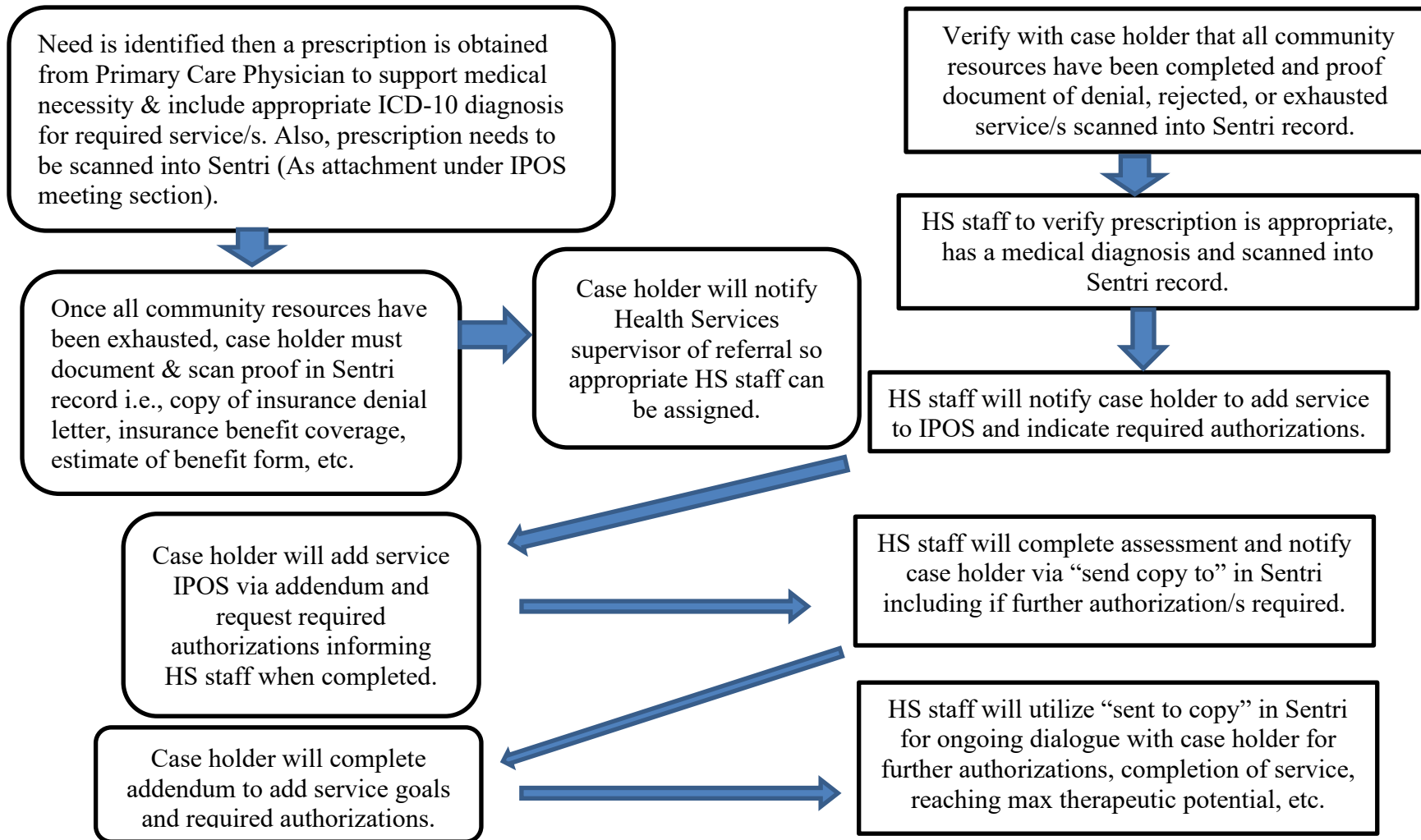
- 1) As SCCMHA is the payor of last resort, consumers should have exhausted PT/OT/SLP services from a community resource prior to utilizing SCCMHA services. This does include agencies that we contract services with. Case holder should document what community services were utilized.
- 2) Contract providers are responsible to bill all primary commercial insurances including applicable Medicaid Health Plan and Children’s Special Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative diagnosing) by the assigned physician with obtaining written auth/service request denials from such primary payors prior to requesting SCCMHA care mgmt. for review/authorization of such ancillary service requested as Medicaid mental health coverage is payor of last resort.

- 3) When a consumer is requesting Health Services (OT/PT/SLP) from a contracted agency, the case holder is responsible to contact the provider to inquire if they have availability to fulfill the referral.
- 4) Once contracted agency confirms availability, the case holder reaches out to their assigned Care Management specialist via Sentri message. The contracted agency should be included on the message in order for Care Management to assign the contracted agency for access to the consumer's Sentri record.
- 5) Prescription for services is secured in one of two ways, dictated by consumer's participation in SCCMHA psychiatric services:
 - a. If consumer receives psychiatric services through SCCMHA, contracted agency is responsible to complete the prescription within the IPOS section under Health Services "Add Health Services Prescription".
 - b. If consumer does not receive psychiatric services through SCCMHA, contracted agency will need to work through the case holder to verify who the primary care physician is and secure a prescription for services from the primary care physician. This prescription must be scanned into Sentri record.
- 6) Case holder will request authorization for initial assessment/evaluation within a timely manner (5-7 business days) of being notified of prescription signature.
- 7) Contracted agency will conduct assessment/evaluation. The assessment/evaluation can either be directly entered into the Sentri or scanned and attached to the HS specific discipline assessment. The contracted agency should inform the case holder of the results from the assessment/evaluation via "Send Copy to" and request additional authorizations and codes for further interventions and/or treatments.
- 8) Case holder will request additional authorizations for further interventions and/or treatments as established in the HS care plan.
- 9) Ongoing communications should be collaborated between the contracted agency and case holder via "Send Copy to" function within Sentri. Case holders should review progress notes on a regular basis to obtain updated information on the progress or lack of progress toward consumer's goals and objectives. Documentation of such collaboration should be found in periodic reviews. Case holder should include contracted agency in IPOS planning process.

Process for Referral for Health Services (HS)=Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST) Dietary/Nutrition (RD)

Case Holder Responsibility

Health Service Staff Responsibility



*Please note Medicaid mental health coverage is payor of last resort, all primary commercial insurances including applicable Medicaid Health Plan and Children's Special Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative OT, PT, ST, RD coverage diagnosing) by the assigned case holder/physician by obtaining written auth/service request denials from such primary payors prior to requesting through SCCMHA care mgmt. to review/approve Health Service.

Exhibit B

Registered Dietitian Nutritionist (RDN) Description: The RDN works with individuals to reach their nutritional goals. This work is done one on one or in group settings, in office, in home, via telehealth, or in the community. Nutritional goals should have a positive impact on an individual's life such as improving independence, increasing self-esteem, decreasing disease complications, etc. These goals should be reasonable and achievable in a set amount of time.

Making a Successful Referral to Dietitian

1. Establish appropriate need. See Dietitian Referral Guidelines.
 - a. **For swallowing / choking concerns:** obtain a script for “Swallow Evaluation” from Primary Care Physician.
2. Discuss dietitian services with consumer and/or guardian.
 - a. SCCMHA is a payer of last resort therefore consumer must seek nutrition services through Primary Care Physician and exhaust their medical benefit annually before moving forward with SCCMHA dietitian referral.
 - b. Proof of exhausted medical benefit must be uploaded into Senti (denial letter, copy of explanation of benefit sheet, etc.)
 - c. Consumer to obtain a prescription for dietitian services from their Primary Care Physician with an appropriate medical diagnosis.
See attached Dietitian Prescription Request.
3. After steps 1 and 2 are completed, notify Health Services supervisor via Senti.
4. Case holder to update IPOS to reflect consumer's nutrition goals.

Dietitian will

- a. Reach out to consumer to set initial appointment
 - b. Request authorizations
 - c. Complete initial assessment within 45 days of receiving referral
 - d. Make goals with consumer and decide if continued services are warranted
 - e. Send copy of specific goals to the case holder via the “Send Copy To” function of completed assessment *This will be found in “To Do Items” in Senti
5. Case holder updates IPOS with new goals as appropriate.

Dietitian Referral Guidelines

Appropriate Referrals to Dietitian

Diabetes	Pre-diabetes
New diagnosis	
Poorly controlled blood sugars	
Insulin dependent	
Weight	Overweight with a desire to change
Underweight with a desire to change	
Nutritional Support	Receiving tube feedings
Receiving supplements (Ensure, Boost, etc.)	
Cardiovascular Disease	High blood pressure
Abnormal cholesterol or triglycerides	
Picky Eaters	Less than 20 foods consumed
Difficulty with mealtimes	
Education	General healthy eating / nutritional counseling, meal planning, grocery tours, food models, healthy cooking, label reading, budgeting, etc.
Other	Specific bowel diseases (Crohn's, Irritable Bowel Disease, Celiac, etc.)
Multiple food allergies or sensitivities	
Pressure ulcer	

Inappropriate Referrals to Dietitian

Eating Disorders or self-induced vomiting	Refer to therapist. Licensed therapist may make referral if appropriate
Problems chewing or swallowing	Refer to Speech Language Pathologist
Choking	Refer to Speech Language Pathologist
No transportation to get to the store	Refer to case holder, peer support, community support worker, etc.
Blood in stool	Primary Care Physician



Dietitian Prescription Request

Patient Name: _____ Date of Birth: _____

Referral Notes:

Expiration Date: 1 year


Diagnosis Code:	
<input type="checkbox"/> E66.3 Overweight	<input type="checkbox"/> E10.9 Type 1 diabetes mellitus without complications
<input type="checkbox"/> E66.9 Obesity, unspecified	<input type="checkbox"/> E11.9 Type 2 diabetes mellitus without complications
<input type="checkbox"/> R63.6 Underweight	<input type="checkbox"/> E46 Unspecified protein-calorie malnutrition
<input type="checkbox"/> E78.5 Hyperlipidemia, unspecified	<input type="checkbox"/> _____



Physician Signature: _____ Date: _____

Physician Name, please print: _____

Saginaw County Community Mental Health Authority
500 Hancock Street Saginaw, MI 48602

Health & Integration Services Procedure Manual Saginaw County Community Mental Health Authority		
Subject Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications	Chapter: 09.09.05	Subject No: 09.09.05.08
Enhanced Health Services		
Effective Date: 10/17/07	Date of Review/Revision: 10/9/13, 7/27/16, 1/24/17, 3/1/18, 3/9/19, 11/21/19, 3/20/20, 6/22/20, 1/27/22, 3/25/22, 12/22/22	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education
	Supersedes: 09.06.00.10	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Vurlia Wheeler & Michelle Vance Reviewed By: Chief of Network Business Operations, Executive Director of Clinical Services, and Suzanne Perkins

Purpose:

The purpose of this procedure is to identify the Saginaw County Community Mental Health Authority (SCCMHA) authorization process to secure approval of Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications for SCCMHA consumers.

Policy:

Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications are a covered benefit when all of the criteria established through the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual are met.

It is the policy of (SCCMHA) that when a request for Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy and Environmental Modifications is submitted for authorization, is determined to be medically necessary and meets the criteria

within the current Medicaid Provider manual that such equipment or items will be ordered and secured for the consumer.

Application:

All SCCMHA case holders, health service provider, or other qualified requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, or Environmental Modifications.

Standards:

The Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual describes the criteria that must be met to obtain Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, or Environmental Modifications, and are considered to be covered services, funded directly by SCCMHA. All steps of this procedure must be met in order for these services to be considered medically necessary and approved for authorization.

Definitions:

Specialized Medical Equipment and Supplies is defined by Medicaid section 17 of the Michigan Medicaid Provider Manual. Specialized medical equipment and supplies includes durable medical equipment, environmental safety and control devices, adaptive toys, activities of daily living (ADL) aids, and allergy control supplies that are specified in the child's individual plan of services. Specialized medical equipment and supplies includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not covered by Medicaid or through other insurance. (Refer to the Medical Supplier Chapter for information regarding Medicaid-covered equipment and supplies.)

Enhanced Pharmacy is defined by the Michigan Medicaid Provider Manual as items that are physician-ordered, nonprescription "medicine chest" items as specified in the individual's plan of service. There must be documented evidence that the item is not available through Medicaid or other insurances, and is the most cost-effective alternative to meet the beneficiary's need.

Environmental Modification as defined in the Michigan Medicaid Provider Manual are physical adaptations to the beneficiary's own home or apartment and/or workplace. There must be documented evidence that the modification is the most cost-effective alternative to meet the beneficiary's need/goal based on the results of a review of all options, including a change in the use of rooms within the home or alternative housing, or in the case of vehicle modification, alternative transportation. All modifications must be prescribed by a physician. Prior to the environmental modification being authorized, PIHP may require that the beneficiary apply to all applicable funding sources (e.g., housing commission grants, MSHDA, and community development block grants), for assistance.

Assistive Technology is an item or set of items that enable the individual to increase her/his ability to perform activities of daily living with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which s/he lives. These are items that are not available through other Medicaid coverage or through

other insurances. These items must be specified in the (IPOS). Information Systems department will maintain the most up to date specifications.

All items must be ordered by a physician on a prescription. An order is valid for one year from the date it was signed.

References:

Michigan Department of Health and Human Services Medicaid Provider Manual (Behavioral Health and Intellectual and Developmental Disability Supports and Services)
<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

Exhibits:

- Exhibit A - Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy, Request for Authorization Instructions
- Exhibit A - Attachment 1-Environmental Modification Instruction Form
- Exhibit B – SCCMHA Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy Request for SCCMHA Authorization Form
- Exhibit C - SCCMHA Environmental Modification Request for Authorization Form
- Exhibit D - Workflow
- Exhibit E – iPad/Tablet Acquisition, Setup, and Support (Spec Sheet)

Procedure:

ACTION	RESPONSIBILITY
<p>The need for Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications will be indicated in the consumer Individual Plan of Service (IPOS). To request Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications use “Request for Authorization Form (Exhibit A)” which must adhere to the instructions contained within the “Request for Authorization Form” by either the Case Holder, Health Service Staff, or other qualified individual requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications.</p>	<p>Case Holder; Health Service Provider; or other qualified person requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications</p>
<p>The Specialized Medical Equipment and Supplies, Enhanced Pharmacy/Assistive</p>	<p>Case Holder; Health Service Provider; or other qualified person requesting the</p>

<p>Technology requires a prescription and/or statement of medical necessity, this will be obtained by the person requesting the Specialized Medical Equipment and Supplies, Enhanced Pharmacy /Assistive Technology, or if the requesting person cannot obtain, through the Case Holder.</p>	<p>Specialized Medical Equipment and Supplies, Enhanced Pharmacy /Assistive Technology</p>
<p>The “Request for Authorization Form” (Exhibit A), may be completed by either the party requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy or the Case Holder, who will route the form to obtain the approvals required on the form.</p>	<p>Case Holder; Health Service Provider; or other qualified person requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy</p>
<p>Once the Care Management Specialist is in receipt of the “Authorization Form”, they will assure that the needed documentation and requirements have been met, such as necessary bids, contracts, prescription, and documentation of medical necessity.</p>	<p>Case Holder, Supervisor and Care Management Specialist</p>
<p>When all necessary signatures are obtained then Care Management will issue an authorization to secure the identified item/s or equipment.</p>	<p>Care Management Department; Contracts Department</p>

Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy

Request for Authorization
Instructions

This Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy Request for Additional Funds form is used to request funds to purchase Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy for a consumer of Saginaw County Community Mental Health Authority (SCCMHA).

The following requirements need to be met prior to completing this form:

1. The Individual Plan of Service (IPOS) must indicate a Medical Necessity for the equipment, supply, or item.
 - a. The equip, supply, or item/s must be determined as the most cost-effective alternative for addressing the condition or need.
 - b. The plan must indicate that the equipment, supply, or item is essential to the implementation of treatment(s).
 - c. The plan must document that, as a result of the treatment and its associated equipment, supply, or item, institutionalization of the consumer will be prevented.
 - d. There must be documented evidence that the equip, supply, or item is the most cost-effective alternative to meet the beneficiary's need.
 - e. All items must be ordered on a prescription. An order is valid for one year from the date it was signed.
2. The policy of SCCMHA is that payment from all other insurance or available sources, including Medicaid must first be sought prior to requesting SCCMHA to provide funds to purchase the equip, supply, item, or service. SCCMHA is the last resort for funding for the equip, supply, item, or service, and denials from other applicable sources are required.
- 3.
4. *Medicaid mental health coverage is payor of last resort, all primary commercial insurances including applicable Medicaid Health Plan and Children's Special Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative diagnosing) by the assigned physician with obtaining written auth/service request denials from such primary payors prior to requesting SCCMHA care mgmt. for review/authorization of such ancillary service requested
5. This form is to be completed by the requesting party or SCCMHA designated Case Holder and submitted with any required documents (as noted on Exhibit B form).
6. The conditions outlined below must be met.

These conditions MUST be met in order to obtain Specialized Medical Equipment and Supplies, Enhanced Pharmacy through SCCMHA:

1. The item must NOT be available under other coverage such as Medicaid Health Plan, Medicare, or other insurances.
2. The need MUST be specified in the (IPOS).
3. The Specialized Medical Equipment and Supplies, Enhanced Pharmacy will enable the beneficiary to increase the ability(ies) to perform activities of daily living or to perceive, control, or communicate with the environment.

These conditions MUST be met in order to obtain Assistive Technology through SCCMHA:

(Where appropriate SCCMHA (I.S.) Department/designated staff may assist SCCMHA case holder with initial set up, technical support as needed, and possible repairs where applicable)

1. The support plan must indicate that the item will enable the individual to increase her/his ability to perform activities of daily living with a greater degree of independence.

These items may include:

- Adaptations to vehicles
 - Items necessary for independent living (e.g., Lifeline, sensory integration equipment)
 - Communication devices
 - Special personal care items that accommodate the person's disability (e.g., reaches, full-spectrum lamp)
 - Prostheses necessary to ameliorate negative visual impact of serious facial disfigurements and/or skin conditions
 - Ancillary supplies and equipment necessary for proper functioning of assistive technology items
 - Repairs to covered assistive technology that are not covered benefits through other insurances
2. Assessments by an appropriate health care professional, specialized training needed in conjunction with the use of the equipment, and warranted upkeep will be considered as part of the cost of the services.
 3. Coverage excludes:
 - Furnishings (e.g., furniture, appliances, bedding) and other non-custom items (e.g., wall and floor coverings, decorative items) that are routinely found in a home.
 - Items that are considered family recreational choices.
 - The purchase or lease of a vehicle, and any repairs or routine maintenance to the vehicle.
 - Educational supplies required to be provided by the school as specified in the child's Individualized Education Plan (IEP).
 4. Covered items must meet applicable standards of manufacture, design, and installation. There must be documentation that the best value in warranty coverage was obtained for the item at the time of purchase.

5. In order to cover repairs of assistive technology items, there must be documentation in the individual plan of service that the assistive technology continues to meet the criteria for supports and services. All applicable warranty and insurance coverages must be sought and denied before paying for repairs. The PIHP must document that the repair is the most cost-effective solution when compared with replacement or purchase of a new item. If the equipment requires repairs due to misuse or abuse, the PIHP must provide evidence of training in the use of the equipment to prevent future incidents.

Other Considerations and Limitations

- Central air-conditioning is included only when prescribed by a physician and specified with extensive documentation in the plan as to how it is essential in the treatment of the consumer's illness or condition. This supporting documentation must demonstrate the cost-effectiveness of central air compared to the cost of window units in all rooms that the beneficiary must use.
- Assessments and specialized training needed in conjunction with the use of such environmental modifications are included as a part of the cost of the service.

Exhibit A-Attachment 1

ENVIRONMENTAL MODIFICATION INSTRUCTION FORM

These conditions MUST be met in order for Environmental Modifications to a consumer's home and/or workplace: (Environmental Modifications will be processed through Contracts Department (Contracts Manager) who will work directly with vendors and collaborate with the case holder

1. The individual plan of service must indicate that these modifications are necessary to ensure the health, safety, and welfare of the beneficiary, or enable her/him to function with greater independence within the environment(s) and without which the beneficiary would require institutionalization.
These modifications may include:
 - The installation of ramps and grab bars;
 - Widening of doorways;
 - Modification of bathroom facilities; and
 - Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the beneficiary.
 - Proof of home ownership or landlord lease approval to support expenditure.
2. Adaptations or improvements to the home that are not of direct medical or remedial benefit to the beneficiary (e.g., carpeting, roof repair) are not included.
3. The waiver does not cover construction costs in a new home, or additions to a home purchased after the beneficiary is enrolled in the waiver.
 - a. Waiver funds may be authorized for Environmental Modifications for a home recently purchased.
 - b. If modifications are needed to a home under construction, the waiver may be used to fund the difference between the standard fixture cost and the modification required to accommodate the consumer's need.

4. SCCMHA must have a signed contract or bid proposal purchase order # with the builder prior to the start of an environmental modification. It is the responsibility of SCCMHA Contracts Department to work with the consumer and builder to ensure that the work is completed as outlined in the contract or bid proposal prior to final payment. All contractors to be licensed and insured
5. The environmental modification must be the most reasonable alternative, based on the results of a review of all options, including a change in the use of rooms within the home or alternative housing. The existing structure must have the capability to accept and support the proposed changes. The infrastructure of the home involved in the funded modifications (e.g., electrical system, plumbing, well/septic, foundation, heating/cooling, smoke detector systems, and roof) must follow any applicable local codes. Environmental modifications shall exclude costs for improvements exclusively required to meet local building codes.
6. The environmental modification must incorporate reasonable and necessary construction standards, excluding cosmetic improvements. The adaptation cannot result in valuation of the structure significantly above comparable neighborhood real estate values.
7. For persons receiving waiver the consumer, with the direct assistance by SCCMHA case holder when necessary, must make a reasonable effort to access all available funding sources, such as housing commission grants, Michigan State Housing Development Authority (MSHDA), and community development block grants, for assistance. A record of efforts to apply for alternative funding sources must be documented in the beneficiary's records, as well as acceptances or denials by these funding sources.
8. Excluded are those adaptations or improvements to the home that are of general utility, are considered to be standard housing obligations of the beneficiary and are not of direct medical or remedial benefit. Examples of exclusions include, but are not limited to, carpeting, roof repair, sidewalks, driveways, heating, central air conditioning, garages, raised garage doors, storage and organizers, landscaping and general home repairs.
9. Environmental modifications that are required to support proper functioning of medical equipment, such as electrical upgrades, are limited to the requirements for safe operation of the specified equipment and are not intended to correct existing code violations in a beneficiary's home.
10. Adaptations may be made to rental properties when the landowner agrees to the adaptation in writing.
 - a. A written agreement between the landowner, the beneficiary, and SCCMHA must specify any requirements for restoration of the property to its original condition if the occupant moves.
 - b. If a beneficiary or his family purchases or builds a home while receiving waiver services, it is the beneficiary's or family's responsibility to assure that the home will meet basic needs, such as having a ground floor bath/bedroom if the beneficiary has mobility limitations. The HSW does not cover construction costs in a new home, or a home purchased after the beneficiary is enrolled in the waiver. HSW funds may be authorized to assist with the adaptations noted above (e.g., ramps, grab bars, widening doorways, etc.) for a home recently purchased.
11. Environmental modifications for **licensed settings** include only the remaining balance of previous environmental modification costs that accommodate the specific needs of the

consumer, and will be limited to the documented portion being amortized in the mortgage, or the lease cost per bed.

- a. Environmental modifications exclude the cost of modifications required for basic foster care licensure or to meet local building codes.
12. Adaptations to the **work environment** are limited to those necessary to accommodate the person's individualized needs, and cannot be used to supplant the requirements of Section 504 of the Rehabilitation Act or the Americans with Disabilities Act (ADA), or covered by the Michigan Rehabilitation Services.
 13. All services must be provided in accordance with applicable state or local building codes.

Specialized Medical Equipment and Supply, Assistive Technology, and Enhanced Pharmacy Request for SCCMHA Authorization Form

Request Date: _____ **Client Name:** _____ **Case #:** _____

1. Adaptive Equipment (Attach original Physician Prescription)
 (Must attempt to bill consumer's insurance first and attach denial)
 T1999 – Miscellaneous therapeutic items/Enhanced Pharmacy
 T2028 – Specialized supply, not otherwise specified, waiver
 (Allergy control supplies)
 T2029 – Specialized medical equipment, not otherwise specified, waiver
 (Environmental safety and control devices)
 S5199 – Personal care items NOS (assistive technology)
 E1399 – Specialized Medical Equipment and Supplies-miscellaneous
 (Single room air conditioner)
 T2039 – Van lifts and wheelchair tie down systems
 K0739 – Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component. (For Children Waiver only)

2. Prescription attached Yes No

3. OT / PT/ SLP– Eval/Consult/Note attached Yes No

Complete Packet= Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy Request for SCCMHA Authorization Form, Prescription, Letter of Medical Necessity, and Catalog or Online Description of the Equipment, Supply, I
Description and Justification for use of SCCMHA Funds

 Requesting Person (CSM, SC, OT, PT, SLP) _____ Date Reviewed Deferred
 Reason: _____

 Case Holder Supervisor/Health Service Supervisor _____ Date Reviewed Deferred
 Reason: _____

 Care Mgmt. Medical Necessity Review & Setup _____ Date
 Reviewed 1915(i) SPA Enrollment Deferred Reason: _____

Selected Quote/Vender Name: _____ Purchase amount \$ _____

Purchaser sign-off _____ Date: _____

Contracts Dept. vendor setup/sign-off _____ Date: _____

Care Mgmt. auth setup/sign-off _____ Date: _____

Attach copy of auth
 Updated 12-2022

Environmental Modification Authorization Form

These conditions MUST be met in order for Environmental Modifications to a consumer’s home and/or workplace: (Environmental Modifications will be processed through Contracts Department (Contracts Manager) who will work directly with vendors and collaborate with the case holder and care management:

Request Date _____ Client Name: _____ Client # _____

Environmental Modification (* See note below) (Attach original Physician Prescription)

- S5160 – Emergency response system, installation & testing
- S5161 – PERS service fee, per month
- S5165 – Home modifications, per service

* Note – Home Modifications for properties not owned by SCCMHA or the consumer require property owner’s approval. Please contact the SCCMHA contracts dept. (989-797-3599) to facilitate such a written agreement.

*Care Mgmt. Medical Necessity Approval signature: _____ Date: _____

* Prescription attached Yes No

Price quote #1 _____ Comment(s) _____
 Price quote #2 _____ Comment(s) _____
 Price quote #3 _____ Comment(s) _____

Selected Quote / Vendor Name: _____ Purchase amt \$ _____

Purchaser sign-off on price quote, attach authorization & physician script, submits to vendor, and notify requester by email: Final Sign-off of purchase date completion: _____ Date: _____

SCCMHA contracts department to forward copy of completed form/s to medical records for chart scanning.

- Contracts office to setup vendor quote in Senti for Care Mgmt. Authorizing.
- Final vendor invoice to be approved by contract manager third invoice signed off for work completion to be processed as claim for state reporting.

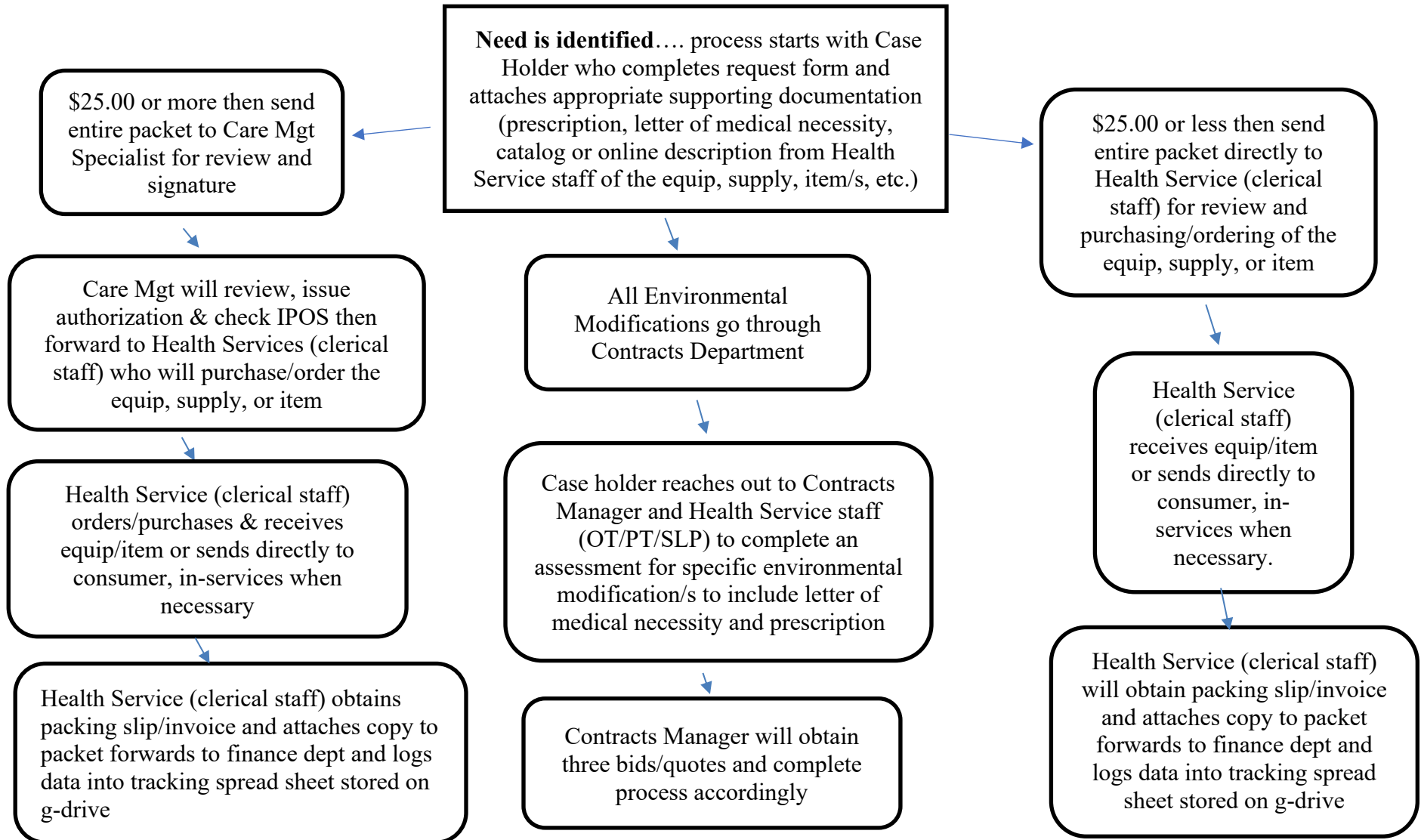
Required:

1. Letter of medical necessity describing:
 - a. The disability description
 - b. modification description (pictures of the area before)
 - c. modification relationship to the medical need
 - d. Inability of alternative resources to meet the medical needs
 - e. How the modification will improve consumer’s quality
2. Prescription
3. 3 bids (contracts office will obtain bids)
4. Ownership of the home
5. Medicaid recipient or waiver recipient
6. How the modification will improve consumer’s quality

Exhibit D

Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications

*Each piece of equip/supply or item needs to be on a separate request form, but all can/will be ordered together as one purchase





DME - IPAD ACQUISITION, SETUP AND SUPPORT 2-YEAR EQUIPMENT AND SUPPORT PLAN



APPLE IPAD 9TH GEN

Specifications:

- 10.2" Display
- 32GB Storage
- 4G Verizon Data Service
 - *Service does not include Voice Calling or Text Messaging*
- WiFi Capable
- Full Protective Case Choice

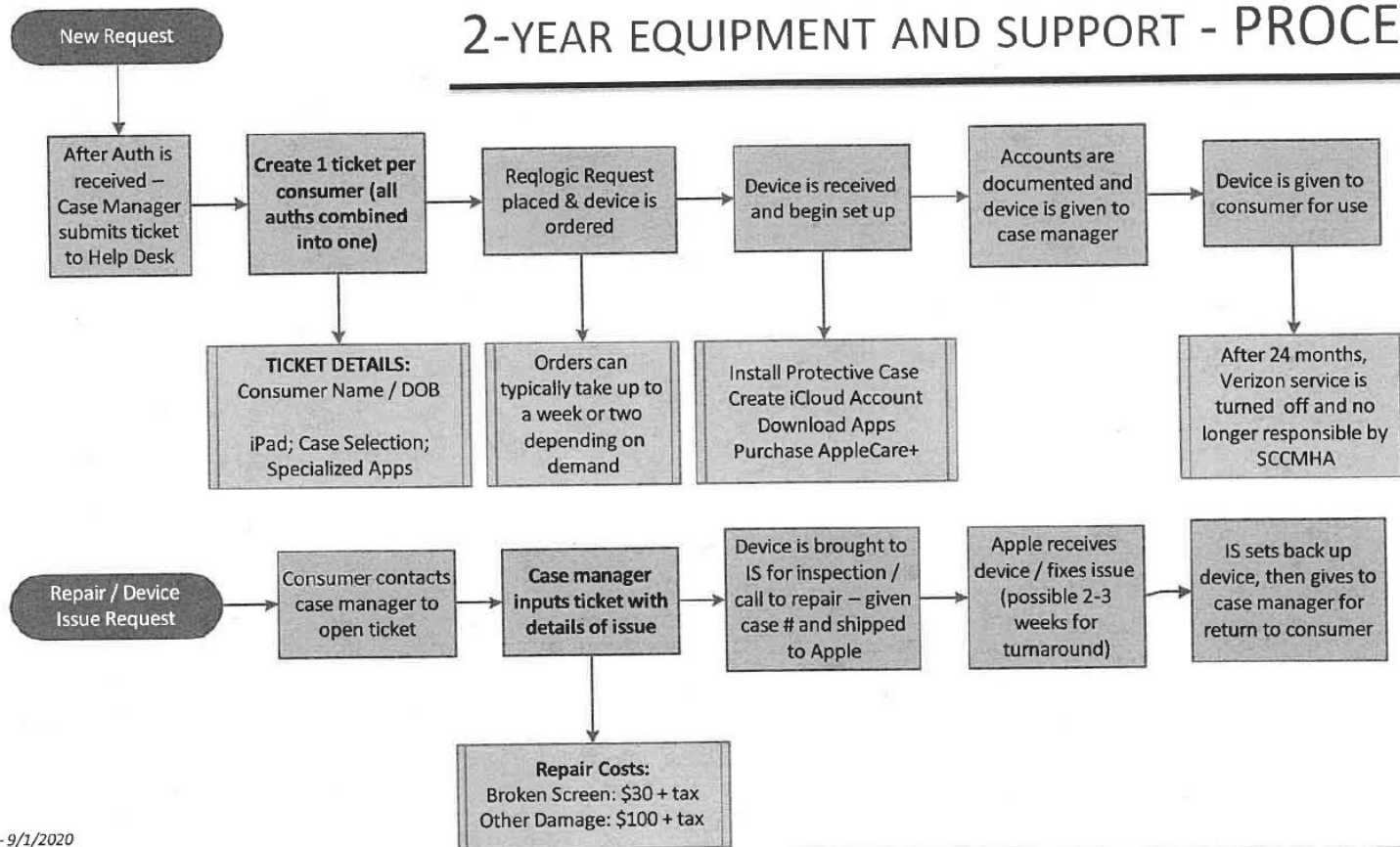
Includes:

- SCCMHA IT Support (2 years)
- AppleCare+ (2 years)
 - *Two years of warranty and support (Covers iPad/Battery/Charger)*
 - *Covers two incidents of accidental damage coverage. Agency pays fee.*
 - *\$29+tax - broken screen*
 - *\$99+tax - other damage*
 - *Does not cover loss*

TOTAL COST: 1,510.99

- iPad: \$359.99
- AppleCare+: \$69
- Protective Case: \$68 Otterbox / \$30 Hand Strap
- Data Service: \$41/mo for 2 years
- SCCMHA covers the cost of any repairs.


DME - IPAD ACQUISITION, SETUP AND SUPPORT 2-YEAR EQUIPMENT AND SUPPORT - PROCESS



v2 - 9/1/2020

Tab 5

Regulatory Management/ HIPAA Compliance

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Releasing Consumer Information	Chapter: 08 – Management of Information	Subject No: 08.01.08
Effective Date: 5/9/16	Date of Review/Revision: 3/8/17, 3/1/18, 2/25/19, 3/20/20, 3/11/21, 8/30/22, 2/27/23, 1/23/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer Author: Holli McGeshick Additional Reviewers: LaDonna Presley,

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 Officer of Recipient Rights & Compliance.

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.
 - 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.
 - 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.
 - 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.
 - A Consent to Share PHI is not 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.
 - 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
 - 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 Officer of Recipient Rights & Compliance 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 is 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 Invoice (if charging)
 1. Place after the Document form on packet (save to file for e-submission)
 - ii. Complete Document form
 1. Place on top of document packet (save to file for e-submission)
 - iii. Mail, fax, or e-submit
 - e. Log date sent 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



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}, Officer of Recipient Rights and Compliance – 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.



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

500 Hancock Street, Saginaw MI 48602-4292
Phone (989) 797-3400 Fax (989) 799-0597

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



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax(989) 799-0597

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.
Saginaw, MI 48602

Staff Contact:

Phone:

Email:



500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax (989) 799-0597

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
Phone:



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY
799-0597

500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax (989)

No Records Found

DATE OF REQUEST:

TO:

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,

Medical Records Typist Clerk

Phone:

Tab 6

**Recipient Rights,
Customer
Service, Appeals
& Grievance**

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Enrollee Rights and Accommodations	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.01
Effective Date: May 2002	Date of Review/Revision: 6/7/02, 6/13/10, 5/14/12, 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, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Environmental Services, Customer Service, & Security
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Service, Recipient Rights, & Security Reviewed By:

Purpose:

1. To accommodate access and ensure 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.
- I. 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 Environmental Services, Customer Service, and Security, 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:

Limited-English Proficiency - 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.

Linguistically Appropriate Services - 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.

Cultural Competency - 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.

Basic Reading Level – The reading level at which an individual can understand the overall meaning of what they read.

Reading Level – 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.

Individual - 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.

Outreach - 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:

Action	Responsibility
1) Approves and authorizes SCCMHA accommodation policy and plan.	1) CEO
2) Provides leadership through policies, practices, and system response to complaints/requests regarding consumer and service accommodations. Prepares and oversees system accommodation improvement plans, including assuring consumer input.	2) Director of Environmental Services, Customer Service, & Security
3) Reviews accommodations compliance in Office of Recipient Rights (ORR) system and provider reviews	3) Officer of Recipient Rights & Compliance
4) Ensures provider network compliance with accommodation policy requirements and system improvement plans.	4) Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR and Enhanced Health Services
5) Oversees accommodation for consumers and families in clinical service programs.	5) Executive Director of Clinical Services and Programs

6) Respond to individual consumer accommodation needs whenever indicated.	6) SCCMHA departments/units and provider network members
7) Provide initial and routine input on accommodation policies and procedures; provide stakeholder feedback to SCCMHA on accommodation performance in the community.	7) Representative consumers/families/stakeholders

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Customer Service	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.02
Effective Date: August 8, 2002	Date of Review/Revision: 7/30/02, 4/21/06, 6/29/09, 5/14/12, 6/22/14, 11/27/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/7/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Environmental Services, Customer Service, & Security
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Service, Recipient Rights, & Security Additional Reviewers:

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 Office, and the Director of the Environmental Services, Customer Service, and Security.

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, consulting with other departments, and reviewing relevant information in order to make an informed decision on appeals and grievances.

References:

Internal: None

External: Michigan Department of Health and Human Services (MDHHS) contract

Exhibits:

Exhibit A - SCCMHA Customer Service Standards

Procedure:

ACTION	RESPONSIBILITY
1) 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.	1) Customer Service, CAI, and CIS staff

<p>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.</p>	<p>2) Customer Service Supervisor (Appeals Coordinator)</p>
<p>3) Customers will receive any assistance they need to initiate the process of requesting a Medicaid Fair Hearing and local complaint processes.</p>	<p>3) Customer Service staff</p>
<p>4) Customers will be greeted when they approach the Customer Service Office in a warm and friendly manner.</p>	<p>4) Customer Service staff</p>
<p>5) Customers will be directed to the area they need to get to and will be provided an escort as necessary to assist them.</p>	<p>5) Customer Service staff</p>
<p>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.</p>	<p>6) Customer Service staff</p>
<p>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.</p>	<p>7) Customer Service staff</p>

Exhibit A

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 Leadership Opportunities	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.03
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, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Service, Recipient Rights, & Security 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

Exhibit A



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

*Payment Guideline		
1 – 3 hours = \$30.00	3 – 6 hours = \$40.00	6 hours/over = \$60.00

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Input from Persons Served	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.04
Effective Date: August 8, 2002	Date of Review/Revision: 7/30/02, 6/29/09, 6/17/12, 6/22/14, 1/27/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

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.
- 3) 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	RESPONSIBILITY
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.	1) Chief Information Officer & Chief Quality & Compliance Officer
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.	2) Chief Information Officer & Chief Quality & Compliance Officer
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.	3) Coordinated between the Director of Environmental Services, Customer Services, & Security, Chief Information Officer & Chief Quality & Compliance Officer, and the Executive Director of Clinical Services and Programs
4) Consumers will also be invited to participate in short-term work groups.	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 Orientation	Chapter: 02 - Customer Service & Recipient Rights	Subject No: 02.01.05
Effective Date: 6/7/04	Date of Review/Revision: 4/13/04, 2/9/09, 6/29/09, 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, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Environmental Services, Customer Services, & Security
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

Purpose:

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 Packet
 - e) Notice of Privacy Practices Acknowledgement
 - f) SCCMHA Primary Provider Contact Information Sheet
 - g) MDHHS-CONSENT 5515 document
 - h) Advance Directive Acknowledgment Sheet
 - i) Advance Directive Brochure
 - j) An Overview of Evidence Based Practices Flyer
 - k) Self Determination (SD) Brochure
 - l) Appeals and Grievances Brochure
 - m) Person Centered Planning Process Checklist
 - n) Customer Services Complaint Form
 - o) A Resource Guide for Families Dealing with Mental Illness Booklet
 - p) SCCMHA SOGI Flyer
 - q) No Wrong Door Flyer
 - r) CEHR Brochure
 - s) PCP Brochure
 - t) Behavioral Health Mediation Services Program Flyer (2-Sided)
 - u) SCCMHA Our Services Information Sheet (2-Sided)
 - v) The Arc of Bay County Information Sheet
 - w) Consent to Share Behavioral Health Information Form
 - x) Individual Placement & Support (IPS) Supported Employment
 - y) Veteran and Military Family Navigator Program Brochure
 - z) Ability to Pay/Sliding Fee Scale Application Packet

- 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 Office will be available for questions of consumers and other visitors to SCCMHA buildings.
- 8) SCCMHA Staff working in the 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

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, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: Director of Environmental Services, Customer Services, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

Purpose:

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 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:
 - the originating site and
 - the remote site
 - 2) Functions properly at:
 - the originating site and
 - 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.

References:


None

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1) Site assessments for all SCCMHA service sites will be completed to determine accessibility to service sites for consumers with disabilities.	1) Occupational Therapist
2) Recommendations from the completed assessments of SCCMHA service sites will be given to the Director of Customer Services, Recipient Rights, & Security.	2) Occupational Therapist
3) Consumers will receive the services needed for them to achieve their goals, dreams, and desires as expressed through the Person-Centered Planning process.	3) Case Manager, Supports Coordinator, or Primary Therapist
4) Consumers in need of accommodations will have a central location to receive assistance with finding needed resources.	4) Customer Service Office
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.	5) Director of Network Services, Public Policy, & Continuing Education, OBRA/PASARR and Enhanced Health Services, and Director of Environmental Services, Customer Services, & Security.

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Telephone Access Services	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.08
Effective Date: August 8, 2002	Date of Review/Revision: 7/30/02, 6/29/09, 6/17/12, 6/22/14, 12/8/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Authored By: Director of Customer Services, Recipient Rights, & Security
Additional Reviewers:		

Purpose:

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	RESPONSIBILITY
1) SCCMHA will maintain a toll-free number to be available for consumers, 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.	1) Director of Environmental Services, Customer Services, & Security
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.	2) Customer Service

- | | |
|---|----------------------------|
| <p>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.</p> | <p>3) Customer Service</p> |
| <p>4) SCCMHA can use the Michigan Relay Service for anyone calling SCCMHA phone numbers who is deaf or hard of hearing.</p> | <p>4) All SCCMHA staff</p> |
| <p>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.</p> | <p>5) Customer Service</p> |

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Consumer and Family Education Materials and Activities	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.09
Effective Date: August 8, 2002	Date of Review/Revision: 7/30/02, 6/29/09, 6/17/12, 6/22/14, 12/8/16, 5/29/18, 3/12/19, 3/9/20 4/22/20, 2/9/21, 6/10/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Environmental Services, Customer Services, & Security
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

Purpose:

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 once a month.

Definitions:

None

References:


None

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
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.	1) Customer Service Office
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 Appeals	Chapter: 02 - Customer Service & Recipient Rights	Subject No: 02.01.11
Effective Date: October 1, 1998	Date of Review/Revision: 12/30/03, 4/18/06, 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, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Environmental Services, Customer Services, & Security
	Supersedes: 06.02.02.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

Purpose:

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 Michigan Office of Administrative Hearings and Rules (MOAHR) 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 Fair Hearing 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 Fair Hearing Officer will inform the Executive Director of Clinical Services and Programs or the Chief Information Officer/Chief Quality and Compliance Officer or both, as appropriate, of a Medicaid Fair Hearing.
- 15) 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.
- 16) 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 Senti.
 - 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 Senti.

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 MOAHR regarding an action, as defined above, regarding a Medicaid covered service, by SCCMHA or one of its Service Providers.

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 Fair 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 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.

Fair Hearing Officer: Staff person assigned to conduct the Administrative Fair Hearing, representing SCCMHA or the Service Provider (currently the Chief Information Officer/Chief Quality and Compliance Officer).

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-MOHR (Rev. 7-19)

Exhibit D – Customer Service Complaint Form

Procedure:

ACTION	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 Psychiatrist, Medical Doctor, or Licensed Psychologist.	10) Chief Executive Officer or designee

<p>11) Decides based upon the clinical information available to:</p> <ul style="list-style-type: none"> a) Support the initial decision that eligibility is not met and deny services, <p>Or</p> <ul style="list-style-type: none"> b) Directs that psychiatric hospitalization be arranged 	<p>11) Psychiatrist, Medical Doctor, or Licensed Psychologist providing Second Opinion</p>
<p>Non-Medicaid Notice, Adverse Benefit Determination Notice:</p> <p>12) The Adverse Benefit Determination Notice form will be provided to any Medicaid recipient receiving non-Medicaid services when:</p> <ul style="list-style-type: none"> 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. 	<p>12) Care Management Staff</p>
<p>Medicaid:</p> <p>13) The Adverse Benefit Determination Notice form will be provided to any Medicaid consumer when:</p> <ul style="list-style-type: none"> 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. 	<p>13) Care Management staff</p>
<p>Medicaid Adverse Benefit Determination Notice and - Wraparound</p> <p>14) These notices will be provided to consumer’s receiving services from the Wraparound program as follows:</p> <ul style="list-style-type: none"> 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 	<p>14) Wraparound staff</p>

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.
- c) File a Recipient Rights complaint, only if they are a current consumer or have been denied their right to a second opinion.

15) Appeals coordinator or Hearings Officer will notify the Support Staff or Supervisor

16) Consumer or Representative

17) Upon receipt of a request to review the Person-Centered Plan, a review will be completed within 30 days.	17) Assigned Support Staff or their Supervisor
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.	18) Consumer or Representative
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.	19) Appeals coordinator
20) Medicaid consumers may file a written Request for a Medicaid Fair Hearing within 120 days after receipt of the Notice and Hearing Rights.	20) Medicaid Consumer or Representative
21) Provides a copy of the Notice of Hearing to the Hearings Officer.	21) Executive Assistant to the Chief Executive Officer
22) Provides copies of the Notice of Hearing to the Administrative Hearing Team, and invites them to the hearing as needed.	22) Fair Hearing Officer
23) Upon receipt of the Notice of Hearing, reserves a room for the Medicaid Fair Hearing and notifies the Hearings Officer of the location.	23) Appeals Coordinator
24) Contacts the Consumer or Representative to attempt to resolve the complaint prior to the Medicaid Fair Hearing.	24) Appeals Coordinator
25) If a resolution of the complaint is not achieved, prepares SCCMHA information and invites needed SCCMHA staff to the scheduled Administrative Fair Hearing.	25) Fair Hearing Officer
26) Tracks the time frames of Medicaid State Fair Hearings.	26) Fair Hearing Officer
27) Keeps and files completed Medicaid State Fair Hearings information.	27) Fair Hearing Officer



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.

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

Michigan Office of Administrative Hearings and Rules
Michigan Department of Health and Human Services
PO Box 30763, Lansing, MI 48909

Telephone Number: 800-648-3397 Fax: 517-763-0146

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

Client Name			Client Telephone No.	Client Social Security No.
Client Address (No. and Street, Apt. No.)				Medicaid ID No.
City	State	Zip Code	Client or Legal Guardian Signature	Date
What agency took the action or made the decision that you are appealing? Make sure to attach a copy of the letter from the agency that told the client about their decision.				Client MDHHS Case No.
<p>I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. Use additional sheets if needed.</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>Do you have a physical disability or other condition requiring special arrangements for you to attend or participate in a hearing?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain here.)</p>				
<p>Will you need an interpreter?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, language needed:)</p>				

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

<p>Has someone agreed to represent you at this hearing?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, have the representative complete and sign Section 3.)</p>
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SECTION 3: AUTHORIZED HEARING REPRESENTATIVE INFORMATION

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

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

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

**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-MOHR, 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.

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.

<p>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:</p> <p>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)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p>	<p>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:</p> <p>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.</p> <p>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</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p>
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MDHHS is an equal opportunity provider.

Exhibit D



Customer Services Complaint Form


(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 in compliance 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 County Community Mental Health Authority		
Subject: Consumer Grievance	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.11.01
Effective Date: 1/31/06	Date of Review/Revision: 11/13/05, 2/9/09, 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, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Environmental Services, Customer Services, & Security
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers:

Purpose:

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:

- 1) Consumers receiving services from SCCMHA and the provider network will be provided the following information:
 - a) The right for consumers to file a Grievance
 - b) Requirements and time frames to file a Grievance
 - c) Availability of assistance in filing a Grievance
 - d) Toll free number the consumers may use to file a Grievance
 - e) The right to file a Grievance orally or in writing

- 2) All Grievances will be logged into the Appeal/Grievance database.

- 3) The staff making the determination on the Grievance will not be involved in the original review or decision-making process and have the authority to require Corrective Action.
- 4) The Supervisor of Recipient Rights will report Grievances to the Compliance and Policy Committee and the information will be forwarded on to the Quality Governance Committee.
- 5) An acknowledgement letter accepting the Grievance will be sent to the consumer within ten (10) business days.
- 6) The staff person completing the work on the 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 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.
- 7) The 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.
- 8) Grievances not completed within 90 days will constitute an action and gives access to the Medicaid Fair Hearings process for Medicaid beneficiaries.
- 9) A 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.
- 10) 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.
- 11) The notice of disposition must include (**Medicaid beneficiaries only**):
 - a) The result of the Grievance process
 - b) The date the Grievance was concluded
 - c) The right of the person filing the Grievance to request a Medicaid Fair Hearing if the notice of disposition is more than 90 days of receipt
 - d) How to access the fair hearing process if the notice of disposition is more than 90 days from receipt
- 12) Consumers without Medicaid insurance who disagree with the disposition of the 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

- 13) SCCMHA will offer a main toll-free number for anyone to call for any reason.
- 14) 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.
- 15) 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.
- 16) 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.
- 17) Members of the SCCMHA Provider Network are encouraged to share their satisfaction or dissatisfaction with the Grievance process by contacting the Supervisor of the 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.

Consumer 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) Grievance is filed with the Customer Service Office.	1) Consumer, guardian, or parent of a minor child or his or her legal representative
2) Grievance is logged into the Appeal and Grievance database. 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.	2) Supervisor of Recipient Rights Office or designee
3) Acknowledgment Letter confirming receipt of the Grievance is sent to the person filing within ten (10) business days	3) Supervisor of CS
4) Reviews all information and interviews those necessary to make a determination	4) Supervisor of CS
5) When it is determined a Grievance is better suited to be reviewed through the Recipient Rights investigation, the complaint will be forwarded to a Recipient Rights Investigator.	5) Supervisor of CS
6) When a Grievance is determined to 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	6) Supervisor of CS

<p>Compliance Officer based on the standards above.</p> <p>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 Recipient Rights Office for the determination to be sent out to the person who filed the Grievance.</p> <p>8) Provides notice of disposition to the person who filed the Grievance within 90 days of receipt</p>	<p>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</p> <p>8) Supervisor of CS</p>
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Grievance or Local Appeal Form




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 in compliance 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:

2/6/23 KP

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Local Appeal	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.11.02
Effective Date: 1/31/06	Date of Review/Revision: 11/13/05, 1/12/07, 3/11/09, 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, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Environmental Services, Customer Services, & Security
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

Purpose:

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:

- 1) Federal regulations require that Medicaid beneficiaries have access to a local appeal process of actions taken by SCCMHA relating to services being provided.
- 2) State regulations require that all consumers served by SCCMHA have access to a local process for resolving disputes of services.
- 3) Consumers of SCCMHA services have 60 calendar days from the date of the notice of action to request a local appeal.

- 4) Local appeals may be accepted orally or in writing.
- 5) 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.
- 6) 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.
- 7) 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.
- 8) 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.
- 9) 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.
- 10) 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.
- 11) Local appeals information will be tracked and reported to the Compliance and Policy Committee and forwarded to the Quality Governance Committee.
- 12) 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.
- 13) The person responsible in the previous level review or decision making will not be involved in making the decision of the local appeal.
- 14) 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.
- 15) 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.

- 16) 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
 - a) The Local Appeal will use the results from that evaluation for the opinion of the Local Appeal
 - b) As long as the appeal is received within 60 days of the Adverse Benefit Determination Notice, a Second Re-Evaluation will be completed
- 17) 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 the consumer's case file, including medical records and any other documents or records considered during the appeal process.
 - c) 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
- 18) Standard resolution of a local appeal must be completed within 30 calendar days or within 72 hours for an expedited resolution.
- 19) 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.
- 20) Every effort will be made to provide oral notice of an expedited appeal.
- 21) The notice of disposition must include an explanation of the results of the resolution and the date it was completed.
- 22) When the appeal is not resolved in favor of the consumer, the notice of disposition must include (**Medicaid beneficiaries only**):
 - a) The right to request a Medicaid Fair Hearing, and how to do so
 - b) 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
 - c) That the consumer may be held liable for the cost of the benefits if the hearing decision upholds the previous decision
- 23) 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 – Grievance and Local Appeal Form

Procedure:

ACTION	RESPONSIBILITY
1) Local appeal request is filed with the Customer Service Office	1) Consumer or their representative
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.	2) Customer Service Supervisor or designee
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	3) Customer Service Supervisor or designee
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	4) Customer Service Supervisor
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 (<u>Medicaid beneficiaries only</u>)	5) Customer Service Supervisor in cooperation with the Director overseeing the services
6) Information is gathered and reviewed and necessary interviews are conducted	6) Customer Service Supervisor
7) Time before reaching a decision will be scheduled for the consumer and/or their	7) Customer Service Supervisor or designee

representative to review all the relevant information if requested by the consumer

- 8) 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) Customer Service Supervisor




Grievance or Local Appeal Form



<p>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 in compliance 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</p>		
Complainant's Name	Consumer's Name (if different from complainant)	
Complainant's Address	What Department does this involve?	
	Phone Number	
<p>Describe what happened:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Do you have any recommendations on how to resolve this complaint?</p> <p>_____</p>		
Complainant's Signature	Date	Name of Person Assisting Complainant

For Office Use Only:	
Date received:	Received by:
Complaint Number:	Category:

2/6/23 KP

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Limited English Proficiency	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.13
Effective Date: 10/21/08	Date of Review/Revision: 6/17/12, 6/22/14, 12/8/16, 5/28/18, 3/12/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

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 the service area (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 the service area.
 - 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 and Voices for Health.

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

Procedure:

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.	1) Central Access and Intake (CAI) Staff
2) Enter into the Senti 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 SCCMHA Appointments – Taxi Cab Voucher	Chapter: 02 – Customer and Member Services	Subject No: 02.01.16
Effective Date: 4/1/14	Date of Review/Revision: 12/1/17, 5/28/18, 3/12/19, 11/15/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Environmental Services, Customer Services, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: 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 Taxi 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 taxi 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 for physical 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 **exceptions** 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 Taxi 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 Taxi Voucher process requires Transportation to be the last resort for transportation according to the Michigan Medicaid Provider Manual.
- 19) Failure to accept a ride (no show) when a Taxi 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.

- 20) All requests for a Taxi Cabs to take consumers to SCCMHA and Provider Network appointments will be completed in the sentri system under the Consumers Link and the Taxi Voucher Link.

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 Taxi be used for transporting to and/or from an SCCMHA Provider Network appointment.

References:


Michigan Medicaid Provider Manual Standard 3.27 – Transportation
SCCMHA Customer Service Procedure # 09.05.01.07 for sentri Taxi Cab Vouchers

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1) Schedule SCCMHA or related mental health appointment	1) Support Coordinator, Case Manager, or administrative personnel (Requestor)
2) Complete Taxi Voucher within sentri, ensuring all required fields are completed	2) Support Coordinator, Case Manager, or administrative personnel (Requestor)
3) Inside sentri, fax a completed copy of the Taxi Voucher form to the Taxi Vendor as available in sentri.	3) Support Coordinator, Case Manager, or administrative personnel (Requestor)
4) Mark one of the boxes (1-8) to indicate the reason for the requested transport	4) Support Coordinator, Case Manager, or administrative personnel (Requestor)

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Housing Local Appeal	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.17
Effective Date: 7/14/20	Date of Review/Revision: 2/9/21, 6/10/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Environmental Services, Customer Services, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers:

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, Recipient Rights, 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 - Grievance or Local Appeal Form

Exhibit B – Housing Resource Center (HRC) Letter

Procedure:

ACTION	RESPONSIBILITY
1) The Customer Service Office can assist with HLA requests.	1) Consumer or their representative
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.	2) Customer Service Supervisor
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	3) Customer Service Supervisor
4) Information is gathered and reviewed and necessary interviews are conducted	4) Customer Service Supervisor
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	5) Customer Service Supervisor
6) Time before reaching a decision will be scheduled for the consumer and/or their representative to review all the relevant information if requested by the consumer	6) Customer Service Supervisor

7) The Final Letter is sent to the consumer and/or their representative within 30 calendar days of the receipt of the appeal

7) Customer Service Supervisor

Exhibit A



Grievance or Local Appeal Form



<p>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 in compliance 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</p>		
Complainant's Name	Consumer's Name (if different from complainant)	
Complainant's Address	What Department does this involve?	
	Phone Number	
<p>Describe what happened:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Do you have any recommendations on how to resolve this complaint?</p> <p>_____</p>		
Complainant's Signature	Date	Name of Person Assisting Complainant

For Office Use Only:

Date received:	Received by:
Complaint Number:	Category:

2/6/23 KP



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



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Complaint and Appeal Process	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.01
Effective Date: September 8, 1987	Date of Review/Revision: 2/19/03, 4/21/06, 7/25/07, 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, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Officer of Recipient Rights and Compliance
	Supersedes: 06.02.00.00, 02.02.02, 02.02.13 and 02.02.15	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

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 SCCMHA to protect the rights of consumers receiving public mental health services from SCCMHA and its 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 Senti 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 the complainant within 5 business days.
- A7) The SCCMHA ORR notifies the complainant within five business days after the receipt of the complaint if it was determined that no investigation of the complaint was warranted.
- A8) The SCCMHA ORR aids 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 contains 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 Community Mental Health Service Program (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, severe 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 reports every thirty calendar days during 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 ninety 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 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 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 Chief Executive Officer will submit a written summary report to the complainant and the consumer, if different than the complainant, parent, or guardian, within ten business days after the Chief Executive Officer receives a copy of the investigative report from the SCCMHA ORR.
- A24) The written summary report will contain all 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 complainant's right to appeal, time limit, the grounds for making the appeal, and the process for filing an appeal.
- A25) SCCMHA and each service provider ensures 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 be provided 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 seven individuals or designate the Recipient Rights Advisory Committee (RRAC) as the appeals committee. A committee designated separately from the RRAC will have at least three 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, two 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 five business days.
- A40) If the appeal was accepted, a copy of the appeal will be provided to the respondent and SCCMHA within five 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 SCCMHA 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 SCCMHA by an appeals committee for reinvestigation, upon receipt of the investigative report, 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 SCCMHA 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 five business days of receipt of the request from the appeals committee. The Chief Executive Officer 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 Investigator/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 Chief Executive Officer shall ensure adequate Recipient Rights coverage. In the absence of both the Recipient Rights Officer and the Rights Investigator/Advisor, the Chief Executive Officer shall appoint a designee with non-clinical responsibilities to receive and initiate investigation of alleged consumer rights violations.
- A54) To maintain the confidentiality of the Recipient Rights process, the offices of the Recipient Rights Officer and the Recipient Rights Investigators/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.
- A55) 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.
- A56) 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.

Preponderance 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 7011
- American Disabilities Act
- Bullard Plawecki Act
- Job Descriptions of the Recipient Rights Officer and the Recipient Rights Investigator/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) The rights of consumers receiving mental health services will be protected.	1) Recipient Rights Officer
2) Consumers, parents of minors, and guardians 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,	2) Supports Coordinator, Case Manager, or Primary Therapist.

<p>every effort shall be made to assist in that explanation and will be noted in the case record.</p>	
<p>3) The name, address, and phone number of the Rights Officer or Investigator/Advisor shall be conspicuously posted at all SCCMHA service sites including the SCCMHA contracted Provider Network.</p>	<p>3) Recipient Rights Office</p>
<p>4) All incident reports will be reviewed to determine if they involve rights violations.</p>	<p>4) Recipient Rights Advisor/Investigator</p>
<p>5) When an allegation is outside of the agency's jurisdiction, the complainant or consumer will be informed of how to contact the appropriate agency.</p>	<p>5) Recipient Rights Advisor/Investigator</p>
<p>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.</p>	<p>6) Recipient Rights Advisor/Investigator</p>
<p>7) All SCCMHA sites and the Provider Network service sites where the SCCMHA has responsibility to provide direct services will be visited on an annual basis.</p>	<p>7) Recipient Rights Advisor/Investigator</p>
<p>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.</p>	<p>8) Recipient Rights Office staff or Auditors from Network Services and Public Policy</p>
<p>9) Recipient Rights policies of SCCMHA will be followed by all SCCMHA programs as well as the SCCMHA contracted Provider Network.</p>	<p>9) Recipient Rights Officer</p>
<p>10) The Recipient Rights Officer or Advisor shall attend the Behavior Treatment Committee meetings, Continuous Quality Improvement meetings, Management Team meetings, Board meetings, and individual case meetings when rights-related matters are discussed.</p>	<p>10) Recipient Rights Officer or designee</p>
<p>11) Both staff and consumers are aware of their due process rights, specifically:</p>	<p>11) Recipient Rights Advisor/Investigator</p>

<p>a) The nature of the complaint / investigation. b) The opportunity to provide evidence on their behalf.</p>	
<p>12) The Office of Recipient Rights shall function as a consultant to the Chief Executive Officer and staff to ensure compliance in rights manners.</p>	<p>12) Recipient Rights Officer</p>
<p>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.</p>	<p>13) SCCMHA Board</p>
<p>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.</p>	<p>14) Recipient Rights Officer</p>
<p>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.</p>	<p>15) Chief Executive Officer</p>
<p>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 status of recipient rights and a review of the operations of the Recipient Rights Office.</p>	<p>16) Chief Executive Officer</p>
<p>Complaint Process</p>	
<p>17) Complaints received or initiated by the SCCMHA ORR will be logged into the Sentri II Recipient Rights Complaint Module upon receipt.</p>	<p>17) Recipient Rights Advisor/Investigator</p>
<p>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.</p>	<p>18) Recipient Rights Advisor/Investigator</p>

<p>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.</p>	<p>19) Recipient Rights Advisor/Investigator</p>
<p>20) Assist in filling out Recipient Rights complaint forms and turning them over to the Recipient Rights Office for investigation.</p>	<p>20) Customer Service staff</p>
<p>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 limit for the reason of waiting for an external investigative process such as through MDHHS, law enforcement, or another appropriate external agency.</p>	<p>21) Recipient Rights Advisor/Investigator</p>
<p>22) The office shall issue a written status report every 30-calendar day during the investigation.</p>	<p>22) Recipient Rights Advisor/Investigator</p>
<p>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 with Chapter 7A.</p>	<p>23) Recipient Rights Advisor/Investigator</p>
<p>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.</p>	<p>24) Recipient Rights Officer</p>
<p>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.</p>	<p>25) Recipient Rights Advisor/Investigator</p>
<p>26) Upon the receipt of the Investigative Findings Report, a summary report will be sent to the complainant within 10 days.</p>	<p>26) Chief Executive Officer</p>

<p>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 Senti II database.</p> <ul style="list-style-type: none"> a) If the Summary report contains a plan of action to be completed in the future, the Chief Executive Officer 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 violation. 	<p>27) Recipient Rights Advisor/Investigator</p>
<p>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.</p>	<p>28) Recipient Rights Advisor/Investigator</p>
<p>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 with the Bullard Plawecki Act.</p>	<p>29) Recipient Rights Advisor/Investigator</p>
<p>Appeal Process</p>	
<p>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.</p>	<p>30) Chief Executive Officer</p>


<p>31) Within five business days after receipt of a written appeal, two members of the Recipient Rights Appeals Committee shall review the appeal to determine whether it meets the criteria for an appeal.</p>	<p>31) Recipient Rights Appeals Committee</p>
<p>32) The appellant will be notified in writing within seven business days of the decision of the Recipient Rights Appeals Committee, as to whether or not the appeal will be reviewed.</p>	<p>32) Recipient Rights Appeals Committee</p>
<p>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 decide based on Standard A40) (a)-(d) in the Standards Section above.</p>	<p>33) Recipient Rights Appeals Committee</p>
<p>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.</p>	<p>34) Recipient Rights Appeals Committee Members</p>
<p>35) The Recipient Rights Appeals Committee shall document its decision in writing, within ten working days of reaching its decision.</p>	<p>35) Recipient Rights Appeals Committee</p>
<p>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 appellant, and the Rights Office.</p>	<p>36) Recipient Rights Appeals Committee</p>
<p>37) Included in this written decision shall be described, the appellant’s right to a second level appeal to Michigan Department of Health and Human Services (MDHHS) – State Office of Administrative Hearings and Rules based on Standard A44 in the Standards Section above.</p>	<p>37) Recipient Rights Appeals Committee</p>
<p>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</p>	<p>38) Recipient Rights Officer</p>

<p>MHC section: 778 (5), within 45 days of receiving the written decision of the Recipient Rights Appeals Committee. The 45-day time limit may be extended to no longer than 90 days by the Recipient Rights Appeals Committee upon showing good cause by the Office.</p>	
<p>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, recipient's legal guardian; if any, parent of a minor consumer, the Recipient Rights Office, and the Appeals Committee.</p> <ul style="list-style-type: none"> 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 limit for appeal, and the ground for appeal. c) The summary report shall also advise advocacy organizations available to assist in filing a written appeal or offer the assistance of the Office in the absence of assistance from 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 taken in compliance with Michigan Mental Health Code section 330.1780. 	<p>39) Chief Executive Officer</p>
<p>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,</p>	<p>40) Respondent</p>

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).

41) Appellant

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Confidentiality	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.05
Effective Date: March 7, 2000	Date of Review/Revision: 3/19/03, 1/25/08, 6/29/09, 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, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
 <p style="text-align: center;">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Officer of Recipient Rights and Compliance
		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to protect the information in the record of a consumer, and other information acquired while 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, to comply with another provision of the law.
 - f) To MDHHS when information is necessary for the department to discharge a responsibility placed upon it by law.
 - g) To a surviving spouse, or if not, closest relative of the recipient, 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 agency 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 determinant, the Chief Executive Officer (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 three business days if the record is on-site, or ten 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 premises. 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 contacted the representative and helped 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 receipt of a written request from the 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 become 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 appropriate 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 appropriate 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 or another person.

F26) Unless 330.748(4) applies, if a request for information has been delayed, the 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

Exhibits:

Exhibit A - Saginaw County Community Mental Health Authority Release of Information

Procedure:

ACTIONS	RESPONSIBLE
1) Any requests for information contained in consumer medical records are directed to the Medical Records Unit.	1) Persons requesting medical records
2) Any individual requesting medical records, including consumers, will be required to sign the appropriate release to receive the requested information.	2) Medical Records staff
3) Requests for medical records are processed in accordance with the Standards contained in this policy.	3) Medical Records staff

Saginaw County Community Mental Health Authority Consent to Share Behavioral Health Information

Use this form to give or take away your consent to share information about your:

- Mental and behavioral health services. This will be referred to as "behavioral health" throughout the form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout this form.

This information will be shared to help diagnose, treat, manage, and pay for your health needs.

Why This Form is Needed
When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health or substance use disorder records.

Instructions

- To **give** consent, fill out Sections 1, 2, 3, and 4.
- To **take away** consent, fill out Sections 5.
- Sign the completed form, then give it to your health care provider. They can make a copy for you.

SECTION 1: ABOUT YOU				
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	DATE SIGNED
Consumer	W	Twelve	07/04/2009	02/27/2024

SECTION 2: WHO CAN SEE YOUR INFORMATION AND HOW THEY CAN SHARE IT

SECTION 2A: SHARING INFORMATION BETWEEN INDIVIDUALS AND ORGANIZATIONS
Let us know who can see and share your behavioral health and substance use disorder records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.

1. Saginaw
500 Hancock Street Saginaw, MI 48602-4224
Phone: 989-797-3400 Fax: 989-799-0206

2. test test

SECTION 2B: SHARING INFORMATION ELECTRONICALLY

Health information exchanges or networks share records back and forth electronically. This type of sharing helps the people involved in your health care. It helps them provide better, faster, safer, and more complete care for you. Your health care provider and health plan may have already listed these organizations below.

CHOOSE ONLY ONE OPTION:

Share my information through the organizations listed below. This information will be shared with the individuals and organizations listed under Section 2a

Do not share my information through the organizations listed below.

Share my information through the organizations listed below with all of my past, current, and future treating providers. If I choose this option, I can request a list of providers who have seen my records.

For Health Care Provider or Health Plan Use Only. List all health information exchanges or networks:

SECTION 3: WHAT INFORMATION YOU WANT TO SHARE

CHOOSE ONE OPTION:

Share **all** of my behavioral health and substance use disorder records. This does not include "psychotherapy notes."

Share **only** the types of behavioral health and substance use disorder records listed below. For example, what I am being treated for, my medications, lab results, etc.

SECTION 4: YOUR CONSENT AND SIGNATURE

Read the statements below, then sign and date the form.

By signing this form, I understand:

- I am giving consent to share my behavioral health and substance use disorder records. This includes referrals and services for alcohol and substance use disorders, but other information may also be shared.
- I do not have to fill out this form. If I do not fill it out, I can still get treatment, health insurance or benefits. But, without this form, my provider or health plan may not have all the information needed to treat me.
- My records listed above in Section 3 will be shared to help diagnose, treat, manage, and pay for my health needs.
- My records may be shared with the people or organizations as stated in Section 2.
- Other types of my information may be shared along with my behavioral health and substance use disorder records. Under existing laws, my health care provider and health plan do not need my consent to share most types of my health information to treat me, coordinate my care or get paid for care.
- This form does not give my consent to share "psychotherapy notes".
- I can remove my consent to share behavioral health and substance use disorder records at any time. I understand that any records already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.
- I have read this form. Or it has been read to me in a language I can understand. My questions about this form have been answered. I can have a copy of this form.
- This signature is good for **1 year** from the date signed. Or I can choose an earlier date or have it after the event or condition listed below. (For example, at the end of my treatment.)

Date, event, or condition: 02/26/2025

Obtained Externally		02/27/2024
PARENT/GUARDIAN SIGNATURE	PRINTED NAME	DATE
PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE
WITNESS SIGNATURE	PRINTED NAME	DATE

TAKE AWAY YOUR CONSENT

Complete Section 5 if you no longer want to share your records listed above in Section 3.

SECTION 5: WHO CAN NO LONGER SEE YOUR INFORMATION

I no longer want to share my records with those listed in Sections 2a and 2b. I understand any information already shared because of past approval cannot be taken back.

State your relationship to the person withdrawing consent, then sign and date below.

Self
 Parent (Print Name)
 Guardian (Print Name)
 Authorized Representative (Print Name)

SIGNATURE	DATE
WITNESS SIGNATURE (IF APPROPRIATE)	DATE

FOR HEALTH CARE PROVIDER OR HEALTH PLAN USE ONLY

VERBAL WITHDRAW OF CONSENT	
<input type="checkbox"/> The individual listed above in Section 1 has taken away his/her consent. List the individual who requested the withdrawal below, then sign and date below. <input type="checkbox"/> Individual listed in Section 1 <input type="checkbox"/> Parent (Print Name) <input type="checkbox"/> Guardian (Print Name) <input type="checkbox"/> Authorized Representative (Print Name)	
SIGNATURE OF PERSON RECEIVING VERBAL WITHDRAW OF CONSENT _____	DATE _____

Other Information for Health Care Providers and Health Plans
 This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault, stalking, or other crimes. See the FAQ for providers and other organizations at michigan.gov/bhconsent


Additional Identifiers (Optional)		
MEDICAID 000123456789	LAST 4 OF THE SOCIAL SECURITY NUMBER *****1855	CASE # 000000012

Form Copy (Optional, Choose One Option)
<input type="checkbox"/> The individual in Section 1 received a copy of this form. <input checked="" type="checkbox"/> The individual in Section 1 declined a copy of this form.

AUTHORITY:	This form is acceptable to the Michigan Department of Health and Human Services (MDHHS) as compliant with 42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq and PA 129 of 2014, MCL 330.1141a.
COMPLETION:	Is Voluntary, but required if disclosure is requested.
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MDHHS-5515 (12-18) Previous edition obsolete.
 02/27/2024



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Reporting Complaints and Alleged Violations	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.06
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, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

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 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	RESPONSIBILITY
<ol style="list-style-type: none"> 1) Any time a complaint or alleged violation occurs it shall be reported to the Office of Recipient Rights within 24 hours. <ol style="list-style-type: none"> 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: Fax to (989) 797-3595, Drop box located outside the 500 Hancock facility; or Delivered to the Customer Service Office located in the 500 Hancock 	<ol style="list-style-type: none"> 1) Any individual working within the SCCMHA Provider Network with knowledge of a potential Rights violation

lobby 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
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Instructions:
If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A Rights Officer/Advisor will review the complaint and follow up with you. Send your complaint to:
**Saginaw County Community Mental Health Authority
Office of Recipient Rights
500 Hancock
Saginaw, MI 48602**


Complainant's Name	Recipient's Name (if different from complainant)
Complainant's Address	Phone Number
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 to correct the problem?

Complainant's Signature	Date	Name of Person Assisting Complainant
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Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Services Suited to Condition	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.02.07
Effective Date: September 16, 1998	Date of Review/Revision: 1/10/03, 4/27/06, 1/25/08, 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, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 06.02.06.00, 06.02.06.01, 06.02.08	Responsible Director: Officer of Recipient Rights and Compliance
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

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 Saginaw County Community Mental Health Authority (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 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 mitigate 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 the change should not be made, the Clinical Risk Management Committee can only make this decision.
 - 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 three 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

Procedure:

ACTION	RESPONSIBILITY
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

<p>5) The worth, dignity, and uniqueness of all consumers as well as their rights and opportunities, shall be respected and promoted.</p> <p>6) Consumers shall be given a choice of physician or other mental health professionals as described in Standard L7 above.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>5) All SCCMHA staff and Service Provider Network staff</p> <p>6) Support Staff or their supervisor</p> <p>7) Clinical Supervisor</p> <p>8) Clinical Supervisor</p> <p>9) SCCMHA ORR</p> <p>10) Support Staff</p>
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Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Consent for Treatment	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.08
Effective Date: September 8, 1997	Date of Review/Revision: 3/19/03, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/14	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 06.02.07.00	Responsible Director: Officer of Recipient Rights and Compliance
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

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.

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.
- 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 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 B9) 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 consent will be available in the medical 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.

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 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.

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.

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 SCCMHA, their empowered guardian, parent	1) Assigned Support Staff

<p>of a minor or loco parentis will be offered Consent to Treatment form upon intake. 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.</p> <p>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.</p> <p>3) The consumer, their guardian, parent of a minor, or loco parentis, shall be educated 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.</p> <p>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.</p> <p>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. A psychologist shall complete this evaluation not providing direct services to the consumer, assuring that the consumer is the primary beneficiary.</p> <p>6) In emergency or crisis situations, the consumer will be requested to sign consent to treatment in order to receive mental health services.</p>	<p>2) Consumer, empowered guardian, or parent of a minor or loco parentis.</p> <p>3) Assigned Support Staff</p> <p>4) Assigned Support Staff</p> <p>5) Assigned Support Staff</p> <p>6) Crisis Intervention Services (CIS) Staff person</p>
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<p>7) Before consenting to receive mental health services, each consumer shall be informed of their rights including the foregoing information.</p>	<p>7) Assigned Support Staff or CIS Staff person</p>
<p>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 to be expected, a disclosure of appropriate alternatives advantageous to the consumer, and an offer to answer any questions of the consumer.</p>	<p>8) Assigned Support Staff or CIS Staff person</p>
<p>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.</p>	<p>9) Assigned Support Staff or CIS Staff person</p>
<p>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.</p>	<p>10) SCCMHA and the Service Provider Network</p>

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Change in Type of Treatment	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.09
Effective Date: September 16, 1998	Date of Review/Revision: 1/10/03, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Officer of Recipient Rights and Compliance
	Supersedes: 06.02.09.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

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 plan and any of its sub-components will be formally reviewed for modification or revision; see Procedure #1 below.

H2) A written IPOS will be developed and revised as necessary, but in no case longer than annually. The written IPOS 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 IPOS, 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 from 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 conditions 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. The plan of service will have a specific date or dates when the plan and any of its	1) Assigned Support Staff

<p>subcomponents will be formally reviewed for modification or revision.</p>	
<p>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.</p>	<p>2) Assigned Support Staff</p>
<p>3) The consumer shall be informed of a change in treatment, when ready for change, release, discharge, or when maximum benefit is received.</p>	<p>3) Assigned Support Staff</p>
<p>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.</p>	<p>4) Assigned Support Staff</p>
<p>5) Consumers, parents of 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.</p>	<p>5) Assigned Support Staff</p>

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Abuse and Neglect	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.11
Effective Date: March 7, 2000	Date of Review/Revision: 2/19/03, 7/25/07, 1/25/08, 6/29/09, 5/24/10, 7/20/12, 11/1/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
Supersedes: 06.02.17.00		Responsible Director: Officer of Recipient Rights and Compliance
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to protect consumers of Saginaw County Community Mental Health Authority 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 SCCMHA that suspected abuse or neglect of recipients receiving public mental health services will be addressed 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.

- C4) The SCCMHA ORR will investigate 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 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.
- 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 are 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 (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 Recipient 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 -: "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) Abuse 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) Abuse 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) Abuse 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.

Neglect- "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) Neglect 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.
- (j) Neglect 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) Neglect Class III - means any of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from noncompliance with a standard of care or treatment required by law, 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) 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 along with the Recipient Rights Office will work to protect the consumers of mental health services from abuse and neglect.	1) SCCMHA, Provider Network staff, and the SCCMHA Recipient Rights Office
2) Whenever an injury is suffered regarding suspected abuse or neglect, staff are 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.	2) Staff responsible for supervision of consumers
3) In all cases of abuse, neglect and/or mistreatment, it is the assigned duty and 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.	3) Staff or Supervisor with the knowledge of abuse or neglect
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.	4) SCCMHA Chief Executive Officer and Administrative staff of the SCCMHA Service Provider Network

<p>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.</p> <p>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.</p> <p>7) The written report required in #6 of these procedures will contain the name of the consumer and a description of the criminal abuse and the manner in which it occurred. The report will become a part of the Senti Incident Report Module.</p> <p>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.</p>	<p>5) Mental health professionals employed or contracted with SCCMHA or any of its Provider Network.</p> <p>6) The mental health professional making the report of suspected abuse or neglect</p> <p>7) The mental health professional making the report of suspected abuse or neglect will send the report to the SCCMHA ORR</p> <p>8) SCCMHA and its Provider Network will protect the individual making the good faith report</p>
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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.

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 Contacted		
<input type="checkbox"/> Law Enforcement	_____	_____	<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Child Protective Services <input type="checkbox"/> form 3200 sent (required)	_____	_____	<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Adult Protective Services	_____	_____	<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> AFC Licensing	_____	_____	<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Office of Recipient Rights	_____	_____	<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed
<input type="checkbox"/> Other:	_____	_____	<input type="checkbox"/> phone	<input type="checkbox"/> faxed	<input type="checkbox"/> mailed

Alleged victim(s):

Alleged victim(s) identifiers: (indicate the following if known: BD – Birth date, ID -CMH ID#, SS - Social Security Number)

IF Alleged Victim is a minor

Mother: _____ married single divorced separated

Father: _____ married single divorced separated

Alleged victim address/residence and phone number:

Alleged perpetrator(s) name:

Alleged perpetrator address or location:

Alleged incident occurred at:

Approximate date(s) or time frames of alleged incident (be as specific as possible):

Details of Allegation: (use second sheet if necessary; attach copy of Form 3200 and/or other related documents)

Signature and Title of Person Making this report

Date

Submit this form to Quality by faxing to 989-272-0290, Executive Director of Clinical Services, & Direct Supervisor

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 (5) of Public Act of 1986. It is a misdemeanor to intentionally file a false report of abuse or to violate Section 723.


G:/Agency Forms/ Clinical Forms/ Report on Alleged Recipient Abuse DO NOT SCAN INTO CONSUMER RECORD

tn 4/11/22

REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

	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 Services Program (CMHSP) A list of local rights offices can be found at: http://tinyurl.com/orroffices	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
		ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911		911 or https://www.michigan.gov/msp/posts
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 to report 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 written 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 in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief 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 reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency? YES	Each of these laws requires that the designated agency be contacted, if an allegation is suspected to have occurred, which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required.			
Are there other agencies to which a report can be made? YES	<p>The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 1-800-882-6006</p> <p>The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/ 1-800-242-2873</p> <p>The LARA Adult Foster Care (AFC) Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems COMPLAINT INTAKE UNIT 1-866-856-0126</p>			



Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Restraint and Seclusion	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.14
Effective Date: March 7, 2000	Date of Review/Revision: 2/19/03, 1/25/08, 7/13/09, 6/22/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Officer of Recipient Rights and Compliance
	Supersedes: 06.02.15.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to protect consumers served by Saginaw County Community Mental Health Authority 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:

- 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) Therapeutic de-escalation is defined under the Definition Section of this policy.
- S9) Exclusionary and non-exclusionary timeout is defined in the Definition Section of this policy.
- S10) The use of seclusion is prohibited in all agency programs, directly operated sites, or contractual service locations unless permitted by statute and agency policy.
- S11) Incidents where physical intervention is used will be documented in an Incident Report and sent to the SCCMHA ORR.

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 staff blocks the egress.

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

Administrative Rules R 330.7243

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	RESPONSIBILITY
1) SCCMHA requires the use of non-restrictive techniques to address challenging behaviors.	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	2) Support Staff
3) Physical intervention may be utilized on a limited basis when less restrictive techniques have been unsuccessful and there is a risk of severe injury to the consumer or others in the absence of intervention.	3) Staff responsible for providing care for consumers

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Medication and the use of Psychotropic Drugs	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.16
Effective Date: September 16, 1998	Date of Review/Revision: 2/19/03, 1/25/08, 7/13/09, 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, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
Supersedes: 06.02.18.00, 06.02.18.01, and 06.02.19.00		Responsible Director: Officer of Recipient Rights and Compliance
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

Purpose:

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 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:

- 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. A nurse may accept these orders. 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 a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner have signed the order.
- 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 follow state rules and federal regulations pertaining to labeling and packaging.
- 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.

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.

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 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 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 Standards for Behavior Treatment Plan Review Committees Revision FY20

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
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.	1) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner evaluating the consumer
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.	2) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
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.	3) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
4) If psychotropic medication is being used for the purpose of behavior management, the Behavior Treatment Committee will review the use of the medication.	4) 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.	5) Behavior Treatment Committee
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).	6) Assigned Support Staff
7) When it is not possible to receive an order written by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, a Nurse may take a phone order. This may only be done in	7) Assigned Support Staff or the Licensed Foster Care Provider

<p>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 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.</p>	<p>responsible for the care of the consumer</p>
<p>8) Administration of medications shall be recorded in the consumer's clinical record.</p>	<p>8) The trained staff administering the medication</p>
<p>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.</p>	<p>9) Assigned Support Staff</p>
<p>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.</p>	<p>10) The Nurse working with the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription for psychotropic medications</p>

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Sterilization, Abortion, and Contraception	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.17
Effective Date: March 7, 2000	Date of Review/Revision: 2/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Officer of Recipient Rights and Compliance
	Supersedes: 06.02.20.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to establish boundaries for the responsibilities for Saginaw County Community Mental Health Authority 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.

Standards:

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.

K4) Neither SCCMHA staff members nor members of the SCCMHA Service Provider Network shall make recommendations regarding sterilization or abortion.

Definitions:

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

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 County Community Mental Health Authority		
Subject: Recipient Rights – Voice Recording, Photography, Fingerprinting, and the use of One-Way Glass	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.18
Effective Date: March 7, 2000	Date of Review/Revision: 2/19/03, 1/25/08, 6/29/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 06.02.21.00	Responsible Director: Officer of Recipient Rights and Compliance
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

Purpose:

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 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.

Standards:

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 MDHHS-5515 - Consent to Share Behavioral Health Information link in Senti II.

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.

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 - Consent to Share Behavioral Health Information

Procedure:

ACTION	RESPONSIBILITY
1) The rights of consumers receiving mental 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.	1) Recipient Rights Office
2) Any use of fingerprints, photographs, audiotapes, or of one-way glass without the 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.	2) Recipient Rights Office
3) In the event that fingerprints, photographs, or 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.	3) Assigned Support Staff
4) If fingerprints, photographs, or audiotapes are necessary for determining the name of a consumer, these will be kept as part of the 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.	4) Assigned Support Staff in conjunction with the Officer of the Recipient Rights Office

5) Fingerprints, photographs, or audiotapes in the record of a consumer, and any copies of them, will be given to the consumer or destroyed when it is no longer essential in 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.

5) Assigned Support Staff in conjunction with their Supervisor and the Medical Records Unit

Saginaw County Community Mental Health Authority

Consent to Share Behavioral Health Information

Use this form to give or take away your consent to share information about your:

- Mental and behavioral health services. This will be referred to as "behavioral health" throughout the form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout this form.

This information will be shared to help diagnose, treat, manage, and pay for your health needs.

Why This Form is Needed

When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health or substance use disorder records.

Instructions

- To **give** consent, fill out Sections 1, 2, 3, and 4.
- To **take** away consent, fill out Sections 5.
- Sign the completed form, then give it to your health care provider. They can make a copy for you.

SECTION 1: ABOUT YOU

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	DATE SIGNED
Consumer	W	Twelve	02/01/2020	09/27/2022

SECTION 2: WHO CAN SEE YOUR INFORMATION AND HOW THEY CAN SHARE IT

SECTION 2A: SHARING INFORMATION BETWEEN INDIVIDUALS AND ORGANIZATIONS

Let us know who can see and share your behavioral health and substance use disorder records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.

- | | |
|--|--|
| 1. Saginaw
500 Hancock Street Saginaw, MI 48602-4224
Phone: 989-797-3400 Fax: 989-799-0206 | 2. MSHN-WSA CCBHC
530 W Ionia St Ste F Lansing, MI 48933
Phone: 844-405-3094 Fax: 517-253-7525 |
|--|--|

SECTION 2B: SHARING INFORMATION ELECTRONICALLY

Health information exchanges or networks share records back and forth electronically. This type of sharing helps the people involved in your health care. It helps them provide better, faster, safer, and more complete care for you. Your health care provider and health plan may have already listed these organizations below.

CHOOSE ONLY ONE OPTION:

- Share my information through the organizations listed below. This information will be shared with the individuals and organizations listed under Section 2a
- Do not share my information through the organizations listed below.
- Share my information through the organizations listed below with all of my past, current, and future treating providers. If I choose this option, I can request a list of providers who have seen my records.

For Health Care Provider or Health Plan Use Only. List all health information exchanges or networks:

- | | |
|----------------|--|
| 1. PCE Systems | 2. Michigan Health Information Network |
|----------------|--|

SECTION 3: WHAT INFORMATION YOU WANT TO SHARE

CHOOSE ONE OPTION:

- Share **all** of my behavioral health and substance use disorder records. This does not include "psychotherapy notes."
- Share **only** the types of behavioral health and substance use disorder records listed below. For example, what I am being treated for, my medications, lab results, etc.



SECTION 4: YOUR CONSENT AND SIGNATURE

Read the statements below, then sign and date the form.

By signing this form, I understand:

- I am giving consent to share my behavioral health and substance use disorder records. This includes referrals and services for alcohol and substance use disorders, but other information may also be shared.
- I do not have to fill out this form. If I do not fill it out, I can still get treatment, health insurance or benefits. But, without this form, my provider or health plan may not have all the information needed to treat me.
- My records listed above in Section 3 will be shared to help diagnose, treat, manage, and pay for my health needs.
- My records may be shared with the people or organizations as stated in Section 2.
- Other types of my information may be shared along with my behavioral health and substance use disorder records. Under existing laws, my health care provider and health plan do not need my consent to share most types of my health information to treat me, coordinate my care or get paid for care.
- This form does not give my consent to share "psychotherapy notes".
- I can remove my consent to share behavioral health and substance use disorder records at any time. I understand that any records already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.
- I have read this form. Or it has been read to me in a language I can understand. My questions about this form have been answered. I can have a copy of this form.
- This signature is good for **1 year** from the date signed. Or I can choose an earlier date or have it after the event or condition listed below. (For example, at the end of my treatment.)

Date, event, or condition: 09/26/2023

Obtained Externally

	09/27/2022	DATE
CONSUMER SIGNATURE	PRINTED NAME	DATE

		DATE
PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE

TAKE AWAY YOUR CONSENT

Complete Section 5 if you no longer want to share your records listed above in Section 3.

SECTION 5: WHO CAN NO LONGER SEE YOUR INFORMATION

I no longer want to share my records with those listed in Sections 2a and 2b. I understand any information already shared because of past approval cannot be taken back.

State your relationship to the person withdrawing consent, then sign and date below.

- Self
- Parent (Print Name)
- Guardian (Print Name)
- Authorized Representative (Print Name)

	DATE
SIGNATURE	DATE

	DATE
WITNESS SIGNATURE (IF APPROPRIATE)	DATE

FOR HEALTH CARE PROVIDER OR HEALTH PLAN USE ONLY



VERBAL WITHDRAW OF CONSENT

The individual listed above in Section 1 has taken away his/her consent.

List the individual who requested the withdrawal below, then sign and date below.

- Individual listed in Section 1
- Parent (Print Name)
- Guardian (Print Name)
- Authorized Representative (Print Name)

SIGNATURE OF PERSON RECEIVING VERBAL WITHDRAW OF CONSENT

DATE

Other Information for Health Care Providers and Health Plans

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault, stalking, or other crimes. See the FAQ for providers and other organizations at michigan.gov/bhconsent

Additional Identifiers (Optional)

MEDICAID
000123456789

LAST 4 OF THE SOCIAL SECURITY NUMBER
*****9997

CASE #
00000012

Form Copy (Optional, Choose One Option)

- The individual in Section 1 **received** a copy of this form.
- The individual in Section 1 **declined** a copy of this form.

AUTHORITY: This form is acceptable to the Michigan Department of Health and Human Services (MDHHS) as compliant with 42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq and PA 129 of 2014, MCL 330.1141a.

COMPLETION: Is Voluntary, but required if disclosure is requested.

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.


MDHHS-5515 (12-18) Previous edition obsolete.

09/27/2022



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5GWPCHMIH006263749

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Treatment by Spiritual Means	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.20
Effective Date: March 7, 2000	Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Officer of Recipient Rights and Compliance
	Supersedes: 06.02.22.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, Security Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to ensure the right of consumers receiving public mental health services from Saginaw County Community Mental Health Authority 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.

Standards:

- 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 for 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

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.

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 spiritual means will be documented in the consumer's record.	1) Assigned Support Staff
2) When the request to receive treatment by 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.	2) Assigned Support Staff
3) Upon request to receive treatment by spiritual means, agencies providing treatment by spiritual means will be contacted to make a referral for treatment.	3) Assigned Support Staff
4) In the event that the staff member receiving the 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.	4) Assigned Support Staff
5) The consumer, their guardian, parent of a minor, or loco parentis receiving the written refusal of treatment by spiritual means will be 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 Service Department.	5) Assigned Support Staff, and the Customer Services Department
6) If the consumer, their guardian, parent of a minor or loco parentis refuse treatment ordered by a court based on spiritual grounds, the court originating the order will be consulted.	6) Assigned Support Staff
7) The court's decision based on this refusal of treatment will be followed by SCCMHA.	7) Assigned Support Staff

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Comprehensive Examination	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.21
Effective Date: September 7, 1997	Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Officer of Recipient Rights and Compliance
	Supersedes: 06.02.23.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to ensure consumers of mental health services from Saginaw County Community Mental Health Authority 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		
Subject: Recipient Rights - Entertainment Material, Information, and News	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.22
Effective Date: September 7, 1997	Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
 <p style="text-align: center;">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Officer of Recipient Rights and Compliance
		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority 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.

Standards:

- 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 consumers 's Individualized Plan of Service. A provider shall document each instance when a limitation is imposed in the consumer'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 objects 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.

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.

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	1) Assigned Support Staff

<p>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.</p>	
<p>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.</p>	<p>2) Assigned Support Staff</p>
<p>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.</p>	<p>3) Assigned Support Staff</p>
<p>4) A consumer's interest in and for the provision of a daily newspaper will be assessed.</p>	<p>4) Assigned Support Staff</p>
<p>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.</p>	<p>5) Assigned Support Staff</p>

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Communication, Mail, Telephone & Visiting Rights	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.23
Effective Date: March 7, 2000	Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
Supersedes: 06.02.25.00		Responsible Director: Officer of Recipient Rights and Compliance
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority to have access to mail, 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, telephone, and to visit with persons of their choice.

Application:

This policy applies to all consumers of SCCMHA services living in residential settings.

Standards:

- 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 consumer 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 a designated person may open an article of mail, 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 the 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.

Definitions:

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,	1) Support Staff

<p>telephone, and visiting rights only if it is clearly documented in the individual plan of service per Michigan Mental Health Code (MMHC).</p>	
<p>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.</p>	<p>2) Support Staff</p>
<p>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.</p>	<p>3) Support Staff</p>

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Freedom of Movement	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.24
Effective Date: September 8, 1997	Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/2/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 06.02.26.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: Officer of Recipient Rights and Compliance Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority 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.

Standards:

- 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.

Definitions:

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).	1) Support Staff

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 – Personal Property & Funds	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.25
Effective Date: March 7, 2000	Date of Review/Revision: 3/19/03, 12/19/06, 1/25/08, 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, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO Responsible Director: Officer of Recipient Rights and Compliance
	Supersedes: 06.02.27.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority 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.

Standards:

- 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 consumer leaves.
- N4) Consumers 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 consumer 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 the consumer signs a waiver.
- 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 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 consumer 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:

ACTION	RESPONSIBILITY
1) Restrictions or limitations may be imposed upon a consumer's right to personal property if the need to do so is indicated in the assessment	1) Support Staff

<p>during the person-centered planning process. The restrictions or limitations will be documented in the clinical record.</p>	
<p>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.</p>	<p>2) Support Staff</p>
<p>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.</p>	<p>3) Support Staff</p>
<p>4) At the time the consumer moves, their property shall be returned.</p>	<p>4) Adult Foster Care Home Provider</p>
<p>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.</p>	<p>5) Consumer or their guardian</p>

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Recipient Labor	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.26
Effective Date: March 7, 2000	Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/2/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
Supersedes: 06.02.28.00		Responsible Director: Officer of Recipient Rights and Compliance
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

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.

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 collaborate 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 – Dignity and Respect	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.02.28
Effective Date: January 25, 2008	Date of Review/Revision: 1/25/08, 7/13/09, 9/20/10, 6/19/12, 6/14/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	Responsible Director: Officer of Recipient Rights and Compliance
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

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	RESPONSIBILITY
1) The worth, dignity, and uniqueness of all consumers as well as their rights and opportunities, shall be respected and promoted.	1) All SCCMHA staff and Service Provider Network staff
2) Family members of consumers shall also be treated with dignity and respect.	2) All SCCMHA staff and Service Provider Network
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.	3) Office of Recipient Rights

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Least Restrictive Setting	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.02.29
Effective Date: January 25, 2008	Date of Review/Revision: 1/25/08, 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, 3/14/23, 3/12/24	Approved By: Sandra M. Lindsey, CEO
		Responsible Director: Officer of Recipient Rights and Compliance
		Authored By: Director of Customer Services, Recipient Rights, & Security
		Additional Reviewers: Supervisor of Recipient Rights

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 number 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

Procedure:

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 - Service Animals	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.02.31
Effective Date: 6/10/18	Date of Review/Revision: 1/8/19, 2/11/20, 3/9/21, 6/10/22, 2/14/23, 2/13/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		Responsible Director: Director of Environmental Services, Customer Service, & Security Authored By: Director of Customer Service, Recipient Rights, & Security Additional Reviewers:

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

Did you know:

If you're open to the public, you **must be** accessible to service animals.

It's not only the right thing to do, **it's the law.**



Learn more at
michigan.gov/serviceanimals



Tab 7

**Claims
Processing**

Operations Department Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Provider Network Appeal Process for Claim Payment Denial	Chapter: 09.10 Operations Department Procedures	Subject No: 09.10.01.01.13
Operations		
Effective Date: 12/8/2021	Date of Review/Revision: 11/28/22, 1/16/24 Supersedes:	Approved By: Chief of Network Business Operations Authored By: Chief of Network Business Operations Reviewed By: Chief Financial Officer, Director of Network Services, Public Policy & Continuing Education, Claims Processor(s)

Purpose:

Process to establish steps when a Network Provider would like to appeal a claim payment denial.

Application:

Claims Processor(s)
Chief of Network Business Operations
Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR and Enhanced Health Services
Chief Financial Officer

Policy:

It is the policy of SCCMHA to assure providers are paid for services rendered. Providers must submit clean claims timely for timely payment. Any claims denial has an appeal process that providers can follow. Please see SCCMHA policy Network Service Provider Appeals & Dispute Resolution 05.07.04.

Standards:

All SCCMHA service provider programs will be offered the same opportunities to resolve claim disputes and arrive at mutually agreeable outcomes with Saginaw County Community Mental Health Authority.

Definitions:

PRIMARY PROVIDER – for purposes of this procedure, is defined as a SCCMHA provider network service delivery program/integrated team (CSM, CSM-IDD, ACT, Wraparound, Home-Based, School-Based Therapy, Therapy-Only, M2M Therapy) that facilitates individual plans of services (IPOS) and requests their authorizations for medically necessary services outlined in IPOS. Separate service programs directly operated by SCCMHA are each considered program providers by each department or unit, and as such are members of the SCCMHA service provider network.

SECONDARY PROVIDERS – Provider programs which render additional supports and/or services, including residential and other community support services for SCCMHA consumers, as authorized by PRIMARY PROVIDER.

NON-PANEL PROVIDER – Any service provider without a current, signed provider participation agreement, such as for the purchase of emergency, DME, Out-of-State, or non-routine services needed by consumer(s).

References:

SCCMHA --Network Service Provider Appeals and Dispute Resolution Policy 05.07.04

Exhibits:

None

Procedure:


1. When a SCCMHA service provider seeks to resolve a discrepancy regarding a denial of claim payment, the first step is for the Provider to submit a written communication to their assigned Claims Processor(s) requesting an appeal with detailed information outlining the claim number, date of service, and why they are requesting an appeal.
2. The Claims Processor(s) will review the written appeal and supporting documentation for recommendation to SCCMHA Chief of Network Business Operations.
3. The SCCMHA Chief of Network Business Operations will respond via written communication to the Provider as well as the assigned Claims Processor(s) in compliance with SCCMHA Network Service Provider Appeals and Dispute Resolution Policy 05.07.04.
4. If appeal/dispute is approved by Chief of Network Business Operations or Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR and Enhanced Health Services

, the Claims Processor(s) will adjudicate the claim with as-needed overrides for payment and scan/save the appeal/override approval to G:\Claims\Claims Overrides-Appeals\.

ACTION	RESPONSIBILITY
1. Service Provider to submit written appeal request identifying claim ID along with any supporting documentation to assigned Claims Processor(s)	Service Provider
2. Claims Processor(s) to review appeal and supporting documentation for recommendation to Chief of Network Business Operations	Claims Processor(s)
3. Will respond to Service Provider via written communication and will give copy of notification to the Claims Processor(s)	Chief of Network Business Operations or Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR and Enhanced Health Services
4. Claims Processor(s) will adjudicate the claim with as-needed overrides for payment if approved.	Claims Processor(s)

Tab 8

Network Services

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Competency Requirements for the SCCMHA Provider Network	Chapter: 05 - Organizational Management	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, 6/28/23, 9/28/23, 3/27/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	Responsible Director: Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR, & Enhanced Health Services
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		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 qualified to perform their jobs. Steps will occur throughout pre-employment, initial employment and ongoing employment (or contract) periods, including but not limited to whenever staff job duties or performance levels change. Individuals engaged in the provision of services through Evidence-Based Practices as endorsed by SCCMHA will be individually privileged in those specific practices.

Application:

This policy applies to all provider network members and persons providing direct or indirect service to consumers and their families. While SCCMHA does not direct the personnel practices of contracting providers, the human resource policies of contractors must meet or exceed the requirements of this policy. Further detail may be located for employees in the human resource policies and procedures of SCCMHA.

It is expected that contractors will have written procedures, subject to audit by SCCMHA, that are directly applicable to these requirements, and that such will be summarized in each contractor's current provider application on file with SCCMHA.

The SCCMHA standards pertaining to competency are grouped into the three sections: pre-employment (qualifications and screening), employment (continuing education and supervision), and specific credential requirements (clinicians and credentialing).

For consumers receiving services in bordering states, credentialing and recredentialing processes will ensure that network providers residing and providing services meet all applicable licensing and certification requirements within their state.

Standards:

A. Qualifications and Screening

1. Network organizations shall actively advertise and recruit for positions in venues likely to produce the desired qualifications and competencies of applicants.
2. SCCMHA and other network provider organizations are encouraged to engage higher education institutions in the recruitment of employees, students and volunteers.
3. Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required.

4. Each employer, including SCCMHA, will request a signed application or agreement from position candidates providing a complete work history and verifying that the individual's application information is valid and truthful.
5. SCCMHA shall not discriminate against any practitioner solely on the basis of license, registration or certification; or specialization in the treatment of high-risk populations or conditions that require costly treatment.
6. SCCMHA and contractor provider employers will provide job candidates or those subject to re-credentialing with the option of stating reasons for any inability to perform essential job functions of the position, with or without accommodations.
7. Applicants will provide sufficient references who will be contacted **directly by the employing provider organization** to verify personal character, work experience and vocational related abilities.
8. Each employer, including SCCMHA, will conduct criminal background checks and perform other legally permissible and required, and applicant-consented, criminal record inquiries as part of the pre-employment consideration process prior to hire along with Michigan Public Sex Offender Registry at Home-Michigan Sex Offender Registry (mspsor.com) and National Sex Offender Registry located at United States Department of Justice National Sex Offender Public Website (nsopw.gov) .
 - 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 in accordance with sections 1128(a) and 1128(b)(1), (2) or (3) of the Social Security Act.
 - c. SCCMHA recommends and supports provider standards whenever appropriate beyond the legal minimum to assist in assuring consumer safety and service risk reduction.
 - d. Effective October 1, 2015, re-checks of CBC must be conducted every two years for all individuals who have roles of providing direct services for consumers.
 - e. **Residential Providers** who are required to complete fingerprinting as part of their licensing requirements do not need to complete background checks every two years as the fingerprinting has a "rapback" process that will notify providers of any concerns noted for employees working for them.
9. All staff working with Children are required to have a Michigan Department of Health and Human Services (MDHHS) central registry check prior to hire.
10. Letters or offers of hire will be contingent upon successful pre-employment verifications.
11. Each employer, including SCCMHA, will verify any recipient rights history of the job candidate.

- a. This verification shall include a check with the recipient rights office of any county the potential employee may have worked prior to hire by employer.
 - b. A history of substantiated rights violations or themes of allegations not substantiated that raise cautions about client safety and well-being for any employment candidates are expected to be considered a significant barrier for employment.
12. All roles providing service to consumers will be described in job descriptions of SCCMHA or the contracting network provider.
 - a. Individual contractors will have role descriptions included in the scope of work section of contract agreements.
13. Candidates for positions or contracts will be qualified against requirements and duties contained in job descriptions or scope of contract work for individual practitioners.
14. Network organizations are encouraged to continue to develop and refine methods of screening candidates that will assist to improve the assurance of the ethical, good moral character of individuals hired in service provision roles.
15. SCCMHA and contracting organizations will initially and on an ongoing monthly basis, be checking for debarment, suspension or excluded status of Medicare or Medicaid participation of any employee, workforce member/staff, director, or officer associated with SCCMHA, including contractors; such status is prohibited for SCCMHA by federal requirements.
 - a. SCCMHA shall review each organization's credentialing policies and procedures as part of its provider auditing function.
 - b. SCCMHA shall review each organization's personnel files as part of its provider auditing function to assure compliance with credentialing and re-credentialing standards.
 - c. All providers receiving funding from SCCMHA, including residential, community living supports and respite, must minimally complete monthly sanction checks for List of Excluded Individuals and Entities (LEIE) [Search the Exclusions Database | Office of Inspector General \(hhs.gov\)](#), System Award Management (SAM) database [SAM.gov](#) and the State of Michigan Sanction list [MDHHS - List of Sanctioned Providers \(michigan.gov\)](#).
16. Direct or primary source verification is required for all positions with a Bachelor's degree or above; for high school or GED required positions, SCCMHA recommends that the employer obtain some written proof of academic achievement.
 - a. Primary source verification for positions that require a license, state certification or state registration to practice independently shall be conducted in accordance with MDHHS policy (Reference C) and as delineated in Standard C below.
17. SCCMHA and other network provider employers will adhere to their specific policies regarding a drug free workplace, including pre-

employment declaration, as well as standards of work conduct regarding being under the influence of illegal drugs or alcohol.

18. **All applicable providers must obtain, actively maintain, and provide to SCCMHA, all necessary staff and organizational NPI (National Provider Identifier) numbers for all rendering of services, as well as proper state enrollment in Medicaid, through the Community Health Automated Medicaid Processing System (CHAMPS), in order for SCCMHA to pay claims. (Claims are submitted at the provider's actual cost amount and paid according to contract terms and rates.)**

Background Checks in Licensed Residential Settings

The State of Michigan, specifically through Michigan Public Act 218 of 1979, and further through Public Acts 28 and 29 of 2006, requires that licensed residential providers and others 'who provide direct service or have direct access' to residents conduct background checks on staff members. Effective April 1, 2006, all new hires - and existing employees (or contractors if applicable) as soon as the system allows - must pass an automated system background check that includes fingerprinting, consent for the background check, and letters of hire contingent upon successful completion of the check. There are penalties for non-compliance with this state requirement.

B. Continuing Education and Supervision

1. Except for licensed independent practitioners who are directly under contract with SCCMHA or subcontract with an SCCMHA contracted service provider, there will be a designated clinical or services supervisor for each person in a treatment, service or care giving role.
2. Clinical and direct care staff will receive adequate orientation and specific service plan education prior to working independently with consumers.
3. Supervisors will conduct monitoring of staff performance, with close monitoring to occur during initial employment or at any time when a performance improvement is indicated.
4. Supervisors are responsible to oversee proper orientation and ongoing performance of individuals.
5. Routine performance evaluations will be conducted and documented by supervisors for persons serving consumers, on an annual basis at minimum.
 - a. Documentation should be more frequent whenever indicated or appropriate to address any performance problems.
6. Supervisors are responsible to monitor consumer care provision by staff and to intervene whenever there is cause for concern about the safety or welfare of consumers.
7. Staff development is considered a continuous process.
 - a. Any areas requiring correction must be specified in an individual's written performance evaluation and improvement plan.
 - b. Staff should be given verbal and written supervisory feedback at any time whenever appropriate, including individually as well as through staff meetings or in-services.

8. Supervisors are expected to respond promptly, assertively, thoroughly, and progressively to performance issues of personnel.
9. SCCMHA will provide continuing education through an established schedule published for network members.
 - a. SCCMHA sponsored programs will assist providers in meeting minimum requirements by program type and will offer continuing education credits whenever possible.
 - b. SCCMHA will also share external opportunity information with providers as appropriate.
10. Providers are responsible to meet minimum continuing education expectations of SCCMHA and any personnel competency requirements for specific program licensure and/or accreditation.
11. Any staff that is not fully licensed or does not have the appropriate credentials to provide services in accordance with Michigan Medicaid Manual or other licensing body will be required as part of their credentialing process to document who will provide supervision of the staff person until full licensure or credentialing is obtained. Until such credentials or full licensure is obtained an appropriately credentialed or licensed individual will oversee and co-sign documents.
12. Whenever a staff member is alleged of suspected physical or sexual abuse of a consumer, SCCMHA will request that the individual be immediately removed from consumer contact, according to the provider's procedures, pending an Office of Recipient Rights investigation.
 - a. The SCCMHA Office of Recipient Rights will provide verbal clearance as soon as possible for the person to return to consumer duties if the claim is found to be unsubstantiated.
13. Supervisors are expected to review and appropriately and promptly address any negative patterns of performance non-compliance for individuals or sites, such as through the review of incident reports or employee disciplines.
14. Provider programs must ensure a review of any critical incidents or sentinel events according to their respective policies;
 - a. SCCMHA reserves the right to request provider summary information of such reviews.
15. Providers are responsible to ensure minimum levels of staffing to meet consumer needs and SCCMHA requirements, such as in adult foster care licensed settings.
 - a. Staffing levels should always be commensurate with the person-centered plan(s) and services being provided or purchased by SCCMHA.
16. Paraprofessional staff that provide independent direct services for consumers, such as home-based assistants or peer support specialists, must have counter signatures from professional staff members on service documentation.
17. Independent contractors who provide service associated with direct operated programs will be assessed annually or up to every 18 months , as appropriate, to meet accreditation or other requirements.

- a. Such assessment will include SCCMHA policy compliance as well as any other relevant standards.

C. Credentialing and Re-credentialing of Professional Staff

- 1. Credentialing shall include the direct or primary source verification of licensure and/or education.
 - a. Primary source verification of credentials shall include:
 - 1). Licensure or certification within 365 days of signature
 - 2). Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training within 180 days of credentialing decision.
 - 3). Documentation or graduation from an accredited school either an official transcript from the college or a verification through a reputable company to confirm degree such as Degree Verify.
 - 4). National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified within 180 days of credentialing decision:
 - a. Minimum five-year history of professional liability claims resulting in a judgment or settlement.
 - b. Disciplinary status with regulatory board or agency
 - c. Medicare/Medicaid sanctions

NOTE: Physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements
- 2. Re-credentialing shall be conducted on each provider every two years at a minimum and include the following:
 - a. Updated information obtained since initial credentialing was conducted
 - b. Sanctions, complaints, and quality issues and interventions if appropriate, pertaining to the provider including:
 - 1). Any loss of licensure since last credentialing cycle.
 - 2). Medicare/Medicaid sanctions
 - 3). State sanctions or limitations on licensure, registration or certification
 - 4). Consumer concerns which include grievances (complaints) and appeals information
 - 5). SCCMHA quality /auditing issues
- 3. Licensure checks will be completed every year (two years as part of the re-credentialing process and the non recredentialing year) to assure no sanctions have been noted by Licensing and Regulatory Affairs (LARA) and to assure the license is still active.
- 4. Credentialing and re-credentialing shall be conducted and documented for the following health care professionals:
 - a. Physicians (M.D.s and D.O.s)

- b. Physician's Assistants
 - c. Psychologists (Licensed, Limited License, and Temporary License)
 - d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
 - e. Licensed Professional Counselors
 - f. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
 - g. Occupational Therapists and Occupational Therapist Assistants
 - h. Physical Therapists and Physical Therapist Assistants
 - i. Speech Pathologists
 - j. Any other independent behavioral health professional under contract with or employed by SCCMHA
5. In the SCCMHA network, individuals with an LP (Licensed Psychologist), LLP (Limited Licensed Psychologist), or MSW (Master of Social Work) and LMSW (Licensed Master's Social Worker) or LPC/LLPC (Licensed Professional Counselor or Limited Licensed Professional Counselor) only may provide the services of therapy or counseling, unless otherwise specified in writing by SCCMHA.
- a. Persons without proper licensure may not provide therapy, and those without completion of full licensure in these professions may provide therapy only temporarily, and only under the direct, documented supervision of an appropriately licensed professional upon written agreement of SCCMHA.
 - b. Board certified or eligible psychiatrists may also provide therapy.
 - c. Students can offer services under the NPI of their supervisor.
6. Some positions may require by funding a CMHP (Child Mental Health Professional), QBHP (Qualified Behavioral Health Professional), QIDP (Qualified Intellectual Disability Professional, or QMHP (Qualified Mental Health Professional) and/or SATP (Substance Abuse Treatment Practitioner) or SATS (Substance Abuse Treatment Specialist), or other requirements of MDHHS and/or SCCMHA, and such will be noted in the job description when applicable.
7. Case Managers must have a Bachelor's Degree and/or meet the current state Medicaid requirements for academic backgrounds, and obtain the appropriate social work licensure at the level allowed by academic background.
8. Individuals with credentials required by job description must maintain such status without any lapse.
- a. If credential status does change, the employee must notify the supervisor immediately and contractors must notify the SCCMHA contract manager immediately.
 - b. All employers, including SCCMHA, will employ consistent organizational procedures to follow when direct service personnel are found to be without the required license to perform job duties.

9. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.
 - a. SCCMHA will deny any claims and will not record and/or correct data on any reported applicable services found to have been provided by an insufficiently credentialed individual.
 10. SCCMHA reserves the right to verify proof of credentials, reference checks, criminal background checks, OIG (Office of Inspector General) checks or other human resource documents as referenced in this policy or the related human resource policies of the network organization where applicable through the SCCMHA audit process, including for any subcontracted personnel and through direct verification methods.
 11. Re-credentialing will occur annually for contracting providers, psychiatrists and SCCMHA professional employees.
 12. SCCMHA will ensure that credentialing and re-credentialing processes will not discriminate against a health care professional solely on the basis of license or certification, and SCCMHA will further ensure nondiscrimination for any health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
 13. Whenever SCCMHA or a contractor of SCCMHA delegates to another entity any of the responsibilities of credentialing or re-credentialing or selection of providers, SCCMHA will retain the right to approve the credentialing decision or to require discontinuance of services by the provider or individual who could not meet SCCMHA credentialing standards.
 - a. Contractors will meet all requirements associated with the delegation of PIHP functions by SCCMHA.
 - b. SCCMHA is responsible for oversight regarding delegated credentialing or re-credentialing decisions.
- D. Peer Review Process
1. The SCCMHA Credentialing Committee shall provide oversight of the credentialing and re-credentialing process including:
 - a. Development and update of credentialing criteria as needed, consistent with federal, State and SCCMHA requirements as well as applicable professional standards.
 - b. Review and final decision-making for appeals of adverse credentialing decisions
 - c. Ensuring adherence to timely appeal standards for adverse credentialing decisions.
 - d. Development and monitoring of adherence to established timelines for the credentialing process.
 - e. Determining, as needed, the utilization of participating providers to ensure all relevant information is incorporated in credentialing/re-credentialing decisions,

- f. Ensuing contracted providers implement and adhere to the credentialing, and re-credentialing process, including approval, suspension, or termination contracted providers.
 - g. Granting temporary or provisional credentials based upon a specific community/consumer need.
2. The Credentialing Committee is chaired by the SCCMHA Medical Director. The Credentialing Committee Chair is responsible for ensuring that thoughtful consideration is given to all applications presented to the Committee. As the chairperson, the SCCMHA Medical Director reviews and approves all independent practitioner files that have been deemed “clean”.
 3. The SCCMHA Credentialing Committee membership is comprised of members of the SCCMHA Leadership Team including the Director of Network Services, Public Policy & Continuing Education, Director of Human Resources as well as the SCCMHA Compliance Officer, and Supervisor of Provider Network Auditing. Consultants to the committee include: the Director of Care Management & Quality Systems, Executive Director of Clinical Services, and Chief of Network Business Operations. The Committee also includes two (2) participating network practitioners who have no other role in SCCMHA’s management activities. The participating network practitioners must be reflective of the practitioners with whom SCCMHA directly contracts or employs. SCCMHA aims to capture a variety of perspectives and experience.
 4. The Committee reviews any recommendation to suspend or terminate participation in the SCCMHA Provider Network based on adverse events or ongoing significant concerns. Examples of adverse events/concerns that may lead to a recommendation for suspension or termination include but are not limited to:
 - a. Immediate consumer safety concerns
 - b. Substantiated recipient rights violations
 - c. Unresolved quality/compliance concerns
 - d. Inability to effectively and appropriately staff cases
 - e. Failure to meet minimum quality standards as defined by the provider’s SCCMHA contract
 - f. Medicaid/Medicare sanctions
 - g. Limitations or sanctions on state licensure, certification, or registration
 5. Following each review, providers are notified of the Credentialing Committee’s decision within sixty (60) calendar days of the Committee’s meeting date in writing. Notifications are sent for both initial and recredentialing reviews and specify the duration of the credentialing period. Providers that fail to meet standards for credentialing or recredentialing are provided with information related to the factors for which they were found to be deficient. When possible, information regarding steps needed to remedy deficiencies will be provided in the

notification letter. The letter will also contain a summary of the appeal rights and process to appeal negative decisions.

E. Provider Appeal Process

1. Providers have thirty (30) calendar days from the date of a negative decision to register an appeal. Appeals must be made by submitting the request, in writing, to the Chair of the SCCMHA Credentialing Committee. Providers who wish to request a hearing as part of the appeal process must include this request in the appeal letter. Appeals may be made regarding the denial of empaneling a prospective provider in the SCCMHA Provider Network or the termination of an existing provider or program from the network. Providers cannot appeal the length of an approved credentialing status. Appeals must include resolution of any deficiencies identified during the credentialing/recredentialing process, as well as any relevant information related to the request for reconsideration of the credentialing/recredentialing decision.
2. Appeals will be reviewed by the SCCMHA CEO and a panel comprised of members of senior leadership as well as an independent consultant, none of whom are standing members of the SCCMHA Credentialing Committee. These individuals will have the requisite experience and/or training related to the practitioner or agency under consideration. The decision of the appeals panel is considered final and will be provided via written notification.
3. All appeal decisions shall be made within fourteen (14) business days and shall be communicated to the provider within three (3) business days of the decision. Existing network providers should reference their SCCMHA contract or SCCMHA staff personnel policies for additional remedies.

Definitions:

Good Moral Character is defined by Michigan statute (Act 381 of 1974, Section 338.41) as “the propensity on the part of the person to serve the public in the licensed area in a fair, honest and open manner.”

Competency: Possessing the requisite or adequate abilities or qualities and as well as the capacity to appropriately function and respond in the provision of direct care, treatment or any covered services to individuals served by the SCCMHA system.

Credentialing: The process of receiving and verifying evidence that basic requirements are met.

Direct or Primary Source Verification: The verification of educational credentials with the educational institution attended and/or verification of licensure or certification with the state department from which it is issued by the employer or contracting organization.

References:

Internal

- A. SCCMHA Human Resource Policies
- B. SCCMHA Training Calendar (monthly)
- C. SCCMHA Training Protocols (most current version)

- D. SCCMHA Training Protocols Manual
- E. SCCMHA Provider Credentialing Handbook located on SCCMHA Website
- F. SCCMHA Policy 05.07.04 – Network Service Provider Appeals & Dispute Resolution
- G. SCCMHA Procedure 09.04.05.02 – Privileging of Practitioners in Evidence-Based Practices
- H. SCCMHA Minimum Training Requirements Grid – Staff Intranet: [Training Requirements | SCCMHA](#)

External

- A. MSHN Regional Training Grid : [Provider Trainings - Mid-State Health Network \(midstatehealthnetwork.org\)](#)
- B. MDHHS Contract & Regional PIHP (MSHN)/CMHSP Contract
- C. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration Credentialing and Re-Credentialing Processes: [Behavioral Health and Developmental Disabilities Administration, Provider Credentialing \(michigan.gov\)](#)
- D. Michigan Medicaid Provider Manual: [MedicaidProviderManual.pdf \(state.mi.us\)](#)
- E. MDHHS PIHP/CMHSP Provider Qualifications Per Medicaid Services & Codes (most current version)
- F. CMS (Centers for Medicaid and Medicare Services) Office of Inspector General (OIG): [Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services \(hhs.gov\)](#)
- G. Michigan Department of Health and Human Services (MDHHS) list of sanctioned providers [MDHHS - List of Sanctioned Providers \(michigan.gov\)](#)

Exhibits:

- A. SCCMHA Provider Manual Licensure, Registration, Certification & Accreditation Table
- B. SCCMHA Mission Statement, Vision Statement; Core Values and Operating Principles
- C. SCCMHA Authorization to Disclose Employee Information and Release of Liability

Procedure:

ACTION	RESPONSIBILITY
Verify references, credentials, criminal background checks and any related pre-employment or pre-contracting screening according to designated policies and procedures. Maintain on file proofs of pre-employment verifications as well as credentials and licensure and training. Conduct initial employment orientation.	All SCCMHA Network Members and SCCMHA Human Resources Director or designee, SCCMHA Chief of Network Business Operations and Contracts Manager

<p>Actively participate in required orientation and training; seek to improve competencies through additional training appropriate to role and types of consumers served.</p> <p>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.</p>	<p>SCCMHA Network service delivery personnel and contractors, SCCMHA Credentialing Coordinator</p>
<p>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.</p> <p>Take appropriate action according to applicable human resource/personnel policies when performance indicates.</p>	<p>Supervisors of direct service individuals</p>
<p>Oversees and co-signs any work performed by those staff working toward appropriate credential or licensure.</p>	<p>SCCMHA Human Resources Director, and All SCCMHA Network Providers</p>
<p>Monitors clinical programs for employee compliance.</p>	<p>SCCMHA Human Resources Director, and All SCCMHA Network Providers</p>
<p>Provide training resource and schedule information.</p> <p>Monitor contractor performance with training and other policy requirements. Report system cumulative compliance data through network audit report score summaries.</p> <p>Restrict claims or bills for persons not properly credentialed and issue sanctions as appropriate.</p> <p>Offer reciprocity for providers when indicated or requested.</p>	<p>SCCMHA Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR, and Enhanced Health Services, SCCMHA Chief of Network Business Operations, SCCMHA Contracts Manager, SCCMHA Continuing Education Supervisor, and SCCMHA Network Audit staff</p>

<p>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.</p>	<p>SCCMHA Credentialing Committee</p>
<p>Reviews Credentialing and Recredentialing of all Clinical staff to assure proper credentials are maintained and person is credentialed for services provided to SCCMHA Consumers.</p>	<p>SCCMHA Credentialing Committee and SCCMHA Credentialing Coordinator</p>
<p>Receives and reviews any Credentialing appeals and provides feedback to the appellate.</p>	<p>SCCMHA Credentialing Committee</p>



**Provider Manual Table of Requirements
for
Licensure, Registration, Certification and Accreditation**

PROVIDER shall submit copies of the required licensure, registration, certification and/or accreditation to Saginaw County Community Mental Health Authority in accordance with the time periods and terms specified in their Provider Participation Agreement. PROVIDER shall also display such documents prominently on premises or service site.

Provider Type	Requirement	Issuing Agency
Licensed Independent Practitioner	License, Certification or Registration to Practice in Michigan	Michigan Department of Community Health, Bureau of Health Professionals
Inpatient Psychiatric Unit	License for Acute Care Beds for Adult or Adolescent and/or License for Partial Hospitalization	Michigan Department of Consumer and Industry Services, Bureau of Health Systems
Crisis Residential Treatment	Certification for Crisis Residential	Michigan Department of Community Health, Bureau of Health Systems
	Certification for Specialized Residential	Michigan Department of Human Services, Office of Child and Adult Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult Licensing
Specialized Residential	Certification for Specialized Residential	Michigan Department of Human Services, Office of Child and Adult Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult Licensing
Outpatient Services Clinic or Agency Providers: Including Assertive Community Treatment, Case Management, Supports Coordination, Clinic Services and Vocational Rehabilitation	Accreditation by one of the following:	A) Joint Commission on Accreditation of Health Care Organizations B) Council on Accreditation of Rehabilitation Facilities C) Council on Accreditation D) Certification by Michigan Department of Community Health
Enhanced Treatment and Support Services: Assertive Community Treatment, Home Based Services, Case Management, Crisis Residential, Crisis Stabilization, Clubhouse	Certification and/or Enrollment	Michigan Department of Community Health, Division of Quality Management and Service Information

Saginaw County Community Mental Health Authority

Core Values and Operating Principles

Consumer Potential

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

Excellence

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

Accountability

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

Respect

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

Racial and Cultural Competency

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

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

Integrity

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

Public Stewardship

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

Collaboration

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

Customer Service Philosophy

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

Effective Communication

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

Saginaw County Community Mental Health Authority

Mission Statement


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

Vision Statement

A belief in potential

A right to dream

An opportunity to achieve

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Credentialing and Recredentialing of SCCMHA Providers and Staff	Chapter: 05 – Organizational Management	Subject No: 05.06.03.01
Effective Date: 10/25/21	Date of Review/Revision: 9/2/22, 6/1/2, 3/28/24	Approved By: Sandra M. Lindsey, CEO
	Supersedes: Credentialing of SCCMHA Providers and Staff Procedure 09.04.03.01 (10/1/08)	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: Network Services, Public Policy, Continuing Education, OBRA/PASARR, & Enhanced Health Services Authored By: Barbara Glasshiem Additional Reviewers: Melynda Schaefer, Cassandra Ward

Purpose:

The purpose of this policy is to ensure that: (1) the service provider network is appropriately credentialed and recredentialled; (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 and designated collaborating organizations (DCO’s). 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 and diversity, equity and inclusion 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 assigned service contracts, and designated coordinating organizations (DCO's) 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. Ensuring contracted providers implement and adhere to SCCMHA's credentialing, and recredentialing process, including approval, suspension, or termination of contracted providers.
 - 5. Granting temporary/provisional credentials based upon a specific community/consumer need at SCCMHA's sole discretion.
- B. SCCMHA credentialing and recredentialing processes and procedures will be updated and documented as needed to meet state and federal credentialing policies and any other pertinent regulatory requirements.
- C. Credentialing for applicable staff members or employees of contractors will occur at the time of initial employment through an employment application process; recredentialing will occur every two years thereafter.
- D. Credentialing for contracted providers will include an initial completed provider application document; recredentialing will be conducted through the provider application renewal process and/or auditing process.
- E. Credentialing/recredentialing will include obtaining a copy of the applicant's relevant credential documents, including diploma(s) as required by the respective job description.

- F. Following completion of the initial application process, primary source verification activities will commence, and be conducted by authorized credentialing agents of SCCMHA.
- G. The credentialing and recredentialing of individuals employed by or subcontracted by SCCMHA contracted service programs will be delegated to those contracted providers by SCCMHA.
 - 1. Delegation includes: compliance with this policy, conducting specific credentialing and recredentialing activities for applicable individuals, and establishing and maintaining credential file information and documents.
- H. Credentialing and recredentialing will include primary source verification of educational and academic achievement status; official transcripts must be obtained directly from the specific institution where the highest level of degree(s) was (were) obtained by the individual from an accredited school (s), or an authorized centralized clearing house resource may be used for this purpose.
 - 1. Whenever applicable, verification of board certification and completion of any required internships/residency programs or other postgraduate training will be included.
- I. A copy of licensure or registration will be obtained directly from the individual at the time of employment or contract initiation; subsequent direct verification with the State of Michigan will be conducted for both initial credentialing and recredentialing purposes related to professional licensure, registration or certifications.
- J. Credentialing or recredentialing for licensure or registration will be documented by date and verified by the credentialing agent by signature or initial.
- K. Credentialing and recredentialing proof documents will be maintained by SCCMHA for employees in the staff credential file in SENTRI and/or personnel/human resources file.
- L. Credentialing and recredentialing proof documents for individual contractors by SCCMHA will be maintained in the contract management files by fiscal year of the contract status.
- M. Credentialing and recredentialing proof documents of individuals who are employed by or subcontracted by SCCMHA contracted organizations, will be maintained in the human resource or contract files of that organization, and are subject to SCCMHA audit.
- N. Credentialing files for contractors will be completed within 120 days from the start of the credentialing or recredentialing process.
- O. Credentialing files for employees will be completed within 30 days from the start of the credentialing or recredentialing process.
- P. All professionals who provide therapy or other professional clinical services within the SCCMHA network of services must be properly credentialed and recredentialled.
- Q. The health care professionals addressed in this procedure to be credentialed include at minimum:
 - 1. Physicians (MDs or DOs), physician assistants
 - 2. Psychologists (fully licensed, limited license and temporary license)
 - 3. Social workers (licensed Master's, licensed Bachelor's, limited license and registered social work technicians)

4. Licensed and limited licensed professional counselors
 5. Nurse practitioners, registered nurses, and licensed practical nurses
 6. Occupational therapists and occupational therapist assistants
 7. Physical therapists and physical therapist assistants
 8. Speech pathologists
 9. Medical assistants
- R. The SCCMHA Human Resource Department and SCCMHA contracted provider organizations must complete direct (primary) source verification for any other additional staff or subcontracted individuals who have other academic/professional backgrounds associated with the individual's stated application/resume information and job requirements at the highest level of education achieved relevant to the SCCMHA job or role function of the individual.
1. Credentialing does not include verification of academic or other credentials obtained by the applicant when those credentials are not pertinent to the SCCMHA determined scope of service.
- S. Credentialing of employees is initiated prior to employment, at the time of the conditional job offer, and is completed either prior to the first day of work or within 30 calendar days; recredentialing shall be conducted every two years.
- T. SCCMHA will not discriminate against a health care professional solely on the basis of license, registration or certification. In addition, SCCMHA will not discriminate against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
- U. SCCMHA policies prohibit either the employment of or contracts with individuals or any providers who are excluded from participation under either Medicare or Medicaid or who otherwise have Medicare or Medicaid sanctions
1. This credentialing policy requires compliance with these federal requirements that prohibit such excluded providers, including officers, directors, significant purchasers, and board as well as contractor(s)' provider-level staff.
- V. SCCMHA, according to network management and regulatory compliance policies, has procedures for reporting to appropriate authorities, such as MDHHS (Michigan Department of Health and Human Services), the regional PIHP (prepaid inpatient health plan), the provider's regulatory board or agency, the Attorney General, etc., any improper known provider or individual practitioner conduct which results in suspension or termination from the SCCMHA service network.
1. SCCMHA's actions will be consistent with current state and federal requirements, including content contained within the MDHHS/PIHP and/or CMHSP contract for Medicaid Managed Specialty Supports and Services.
- W. Oversight of the credentialing process is administratively assigned by SCCMHA CEO to the SCCMHA Medical Director.
1. This oversight includes facilitation of credentialing committee meetings when necessary.
- X. Participating providers involved in the credentialing process are those being credentialed as individuals where applicable, and those who are serving as agents of SCCMHA to conduct credentialing activities of subcontractors or employees.

1. Participating providers also may provide feedback on the credentialing process at any time, including filing an appeal with SCCMHA in accordance with SCCMHA provider dispute and appeal procedures.
 2. Individuals seeking to be credentialed are expected to provide accurate information upon which credentialing decisions will be based.
- Y. Initial credentialing of applicants will include complete work history information via resume/vitae or employment application.
- Z. The initial credentialing application, through employment application processes or provider contract application/initiation processes, will include a signature of the individual, date of application submission, and will attest to: lack of present illegal drug use; any history of loss of license and/or felony convictions; any history of loss or limitation of privileges or disciplinary action, or other state sanctions or limitations on licensure, registration or certification; and attestation by the applicant of the accuracy and completeness of the application.
- AA. Recredentialing will include an update and/or verification of initial application information.
- BB. The file will include any pertinent information used to determine if the provider met SCCMHA credentialing standards.
- CC. Credentialing will not include any information regarding an applicant's status related to allegations or pending investigations in process associated with licensure or registration.
1. SCCMHA supports due process for all individual applicants in matters pertaining to unsubstantiated allegations of misconduct.
- DD. SCCMHA allows for temporary or provisional credentialing of an individual for up to 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.
- EE. Credentialing by contracted providers as delegated by SCCMHA is subject to SCCMHA review.
1. SCCMHA is responsible for the oversight of any delegated credentialing or recredentialing decisions within its service delivery network.
 2. Delegated credentialing must adhere to SCCMHA policy and procedure.

3. SCCMHA retains the right to approve the credentialing or recredentialing conducted by a provider, or require discontinuation of service by individuals without the proper credentialed status.
 4. Improper or insufficient credentialing practices of a contractor may be cause for contractual sanction(s) by SCCMHA, requiring a corrective action plan, and could be cause for contract suspension or termination.
- FF. SCCMHA may allow deemed status for an individual or organization already credentialed by another PIHP and/or CMHSP for the same service(s) upon review of the appropriate and completed credentialing documentation.
1. SCCMHA will maintain this information in the appropriate provider's contract file.
- GG. SCCMHA quality program requirements will be considered whenever relevant to credentialing processes.
1. The Director of Network Services, Public Policy & Continuing Education, in consultation with the Quality team, is responsible for service network quality oversight and network compliance with credentialing requirements.
 - a. The credentialing processes of SCCMHA are part of the overall quality and compliance program structures, as well as human resource and contract management policies and procedures.
- HH. SCCMHA beneficiary (consumer) concerns, which include grievances/complaints and appeals information, will be included in credentialing processes whenever deemed relevant by SCCMHA.
1. For purposes of this procedure, relevant coordination will occur between the SCCMHA Medical Director who has overall responsibility for credentialing and recredentialing oversight, the Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR, & Enhanced Health Services, who is administratively responsible for provider network management and credentialing/recredentialing, and the Supervisor of Recipient Rights, who is responsible for SCCMHA management of recipient grievance and appeals.
- II. If an individual or organization is denied credentialing or recredentialing by SCCMHA, the individual or organization will be notified in writing by SCCMHA of this adverse credentialing decision within 30 calendar days of the decision.
1. The denial will include the reason(s) for the adverse decision.
 - a. Reasons may include but are not limited to:
 - 1). Failure of the applicant to provide complete information as requested by the credentialing agent
 - 2). Inability of the SCCMHA credentialing agent to obtain proof of licensure or degree
 - 3). Presence of the applicant's name on a current list of sanctioned Medicaid or Medicare providers.
 2. For providers with delegated credentialing/recredentialing authority, denials of individual or organizational providers will be reported to the Credentialing Committee by the appropriate credentialing agent immediately.

- JJ. SCCMHA will continue to offer provider appeal and dispute resolution processes per contract language and related policy and procedure, in accordance with state and federal regulations.
- KK. SCCMHA contract applications, employment applications, credentialing processes, and background checks for professionals, directors, officers and persons involved in significant purchasing, will ensure the verification that such parties are not listed as federally excluded.
1. For purposes of this policy, individuals defined as included in addition to applicable providers, are: SCCMHA Officers, Directors, Contracts & Properties Manager, Contract Management Assistant, Administrative Accounting Supervisor, and Accounting/Purchasing Assistant.
- LL. Recipient Rights history checks will include Saginaw County if the person has worked in Saginaw County as well as all of the counties in which the individual has worked.
- MM. Valid credentials are a condition of continued employment or contracting in the SCCMHA provider network.
- NN. **Background Checks**
1. Background checks will be conducted for all individuals engaged in SCCMHA business, and include criminal background checks and recipient rights queries, as well as checks with federal exclusion/sanction sources, federal and state sex offender registry checks and driver's license records for applicable positions.
 2. Background checks for employees will be conducted by the Human Resources Department.
 3. Background checks for individual contractors will be conducted by the Contracts & Properties Unit.
 4. Background checks for SCCMHA Board officers will be conducted by the Administrator of Regulatory Compliance.
 5. Background checks must be conducted by provider organizations/contractors for individual employees and subcontractors associated with SCCMHA services.
 6. Background check documents will generally be maintained in appropriate human resource or contract files, including such files maintained by SCCMHA contracted providers.
- OO. **Background Checks in Licensed Residential Settings**
1. The State of Michigan, specifically through Michigan Public Act 218 of 1979, and further through Public Acts 28 and 29 of 2006, requires that licensed residential providers and others 'who provide direct service or have direct access' to residents conduct background checks on staff members.
 2. Effective April 1, 2006, all new hires, and existing employees (or contractors if applicable) as soon as the system allows, must pass an automated system background check that includes fingerprinting, consent for the background check, and letters of hire contingent upon successful completion of the check. There are penalties for non-compliance with this state requirement.
- PP. **Criminal Background Re-Checks**

1. Effective October 1, 2015, all criminal background checks will be conducted every two years for all individuals in the SCCMHA service network who routinely work with consumers in direct service roles.
2. For persons who were hired prior to October 1, 2013, at least one criminal background re-check will have been conducted by October 1, 2015, and at least every two years thereafter.

Definitions:

Credentialing – the administrative process for reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

Credentialing Agent – Person authorized by SCCMHA, or by the contracted organizations to which SCCMHA delegates credentialing responsibility, who conducts and documents credentialing activities in compliance with this procedure.

Credentialing Committee – SCCMHA designated committee to oversee policy and procedures relative to credentialing of staff and providers. Members include: SCCMHA Medical Director, Director of Network Services, Public Policy & Continuing Education, Director of Human Resources, and Supervisor of Provider Network Auditing. Consultants to the committee include: SCCMHA Director of Care Management & Quality Systems, Executive Director of Clinical Services, Programs Manager of Contracts & Properties, and Administrator of Regulatory Compliance.

Credential File – Includes initial and recredentialing related documents, may be housed within contract and human resource files of SCCMHA and/or SCCMHA contractor organizations for each person credentialed and includes any primary source verification documents and any other information pertinent to SCCMHA credentialing requirements.

Deemed Status – SCCMHA acceptance of the credentialing decision of another PIHP for an individual or organizational provider; copies of the credentialing information will be requested and maintained by SCCMHA in the appropriate contract file.

Direct (or Primary) Source Verification – Securing proof from the actual source that issued the credential in order to ensure authentication.

National Practitioner Databank (NPDB): A web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers located at: <https://www.npdb.hrsa.gov/>.

Primary Provider – Contracted organization providing case management or supports coordination services associated with an integrated service team.

Recredentialing – the ongoing administrative process for updating, reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

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: [Behavioral Health and Developmental Disabilities Administration, Provider Credentialing \(michigan.gov\)](http://www.michigan.gov/behavioralhealth)
- B. Michigan Department of Health and Human Services PIHP/Regional PIHP CMSHP Contract – Provider Credentialing

- C. Michigan Medicaid Provider Manual: [MedicaidProviderManual.pdf \(state.mi.us\)](#)
- 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 05.06.03.02 Adverse Credentialing Appeal Process
- I. SCCMHA Policy 05.06.07 – Prohibited Affiliations
- J. SCCMHA Policy 05.07.04 – Provider Appeals & Dispute Resolution
- K. SCCMHA Procedure 09.04.05.03 – 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
- E. SCCMHA Credentialing Application
- F. SCCMHA Re-Credentialing Application
- G. SCCMHA ABA Credentialing Application

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, OBRA/PASARR, & Enhanced Health Services
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	<u>SCCMHA Credentialing Committee Members</u> : Director of Human Resources, Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR & Enhanced Health Services, Medical Director, Provider

credentialing information at the discretion of the committee members.

Provide consultation to the Credentialing Committee on various credentialing related issues whenever applicable, such as: quality program, clinical services, Medicaid requirement changes, provider performance and regulatory compliance.

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 initial credentialing and recredentialing of employees every two years; conducts web-based verification academic status with National Student Clearinghouse as a condition of employment. Verifies educational degrees and licensure and/or certifications prior employment; obtains written proofs from

Network Auditing Supervisor, Chief of Network Business Operations

Key SCCMHA leadership staff members
Consultants: Executive Director of Clinical Services and Programs, Director Quality Systems Contract Manager, Administrator of Regulatory Compliance and any others as indicated.

Credentialing Agents

SCCMHA Medical Director or designee/
Credentialing Coordinator

SCCMHA Provider Network Auditing Unit, Credentialing Coordinator, and/or Human Resources Department

direct sources within 3 weeks of employment start date. Re-verifies licensure or registration every two years for recredentialing purposes for applicable employees. Verifies rights background with the Office of Recipient Rights. Verifies and documents at time of pre-employment that staff have not been excluded for Medicare or Medicaid, and reviews excluded update lists from Michigan. Verifies that staff are not on the state and federal sex offender registries.

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

Contract Management Unit

Regulatory Compliance Administrator

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.

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.

Recipient Rights Office

Provider Network Auditing Supervisor or Credentialing Coordinator

Provider Network Auditing Unit and Credentialing Coordinator



<p>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.</p>	<p>SCCMHA Service Provider Network Contractors – Primary and Hospital Service Providers</p>
<p>Notify the Contracts Manager or Human Resource Department immediately upon loss of licensure or change in credential status.</p>	<p>All individually credentialed providers/organizations with delegation responsibilities and professional employees including DCO’s</p>
<p>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 Medicare or Medicaid.</p>	<p>All SCCMHA Provider Contractor Organizations</p>
<p>Provide feedback on the credentialing process. Provide individual source documents upon which credentialing activities will commence to determine employment or contract finalization status.</p>	<p>SCCMHA Service Provider Network Contractors/Subcontractors/Staff/DCO’s</p>



Regulatory Compliance Verification Summary

Source	Entity	Officers & Directors	Medicaid ID possessors	Licensed Clinicians	Non-Licensed Caregivers	All Other Entities
Excluded Parties List System (GSA)		Prior to relationship and periodically	N.A.	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly
List of Excluded Entities & Individuals (OIG)		Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly
Consumer & Industry Services (Mich.)		Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly
NPDB		N.A.	Prior to relationship and biennial	Prior to relationship and biennial	N.A.	N.A.
HIPDB		N.A.	Prior to relationship and biennial	Prior to relationship and biennial	N.A.	N.A.
Mich. State Police		Optional	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause
Office of Recipient Rights		Optional	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause
Dept. of Motor Vehicles		Optional	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause
State and Federal Sex Offender List		Prior to Relationship	Prior to Relationship	Prior to Relationship	Prior to Relationship	Prior to Relationship
Central Registry Checks		Optional	Working with Children	Working with Children	Working with Children	N.A.

Exhibit B

 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY	 Recipient Rights Complaints Appeals
---	--	---

PROVIDER INFORMATION:

Provider Name:	Phone:	Fax:
Address:		
City:	State:	Zip Code:

I, _____, authorize the Saginaw County Community Mental Health Authority
 (PRINT FULL NAME)
 to disclose to the PROVIDER listed above any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

Please check the appropriate box below

I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties: _____

Provider is to contact the Rights Offices for the counties listed outside of Saginaw County.

I have not worked in the Mental Health field prior to my application for employment.

I, _____, release the Saginaw County Community Mental Health Authority
 (PRINT FULL NAME)
 and any other Community Mental Health Agencies I have listed on this form, its officers, agents, and employees from any and all liability, claims, suits and actions of any nature brought against them for disclosing the information requested by myself and the provider and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Applicant's Maiden Name (If Applicable)</i>
_____ <i>Witness Signature</i>	_____ <i>Date</i>	XXX-XX-_____ <i>Applicant's Social Security Number (Last 4 Digits Only)</i>

Applicant's Home Address: Street and Number City State Zip Code

RIGHTS OFFICE USE ONLY

- A) The above applicant has the following Recipient Rights history:
 Violation(s) of Abuse or Neglect according to:
 SCCMHA YES NO; Name of County: _____ YES NO;
 Name of County: _____ YES NO;
 Name of County: _____ YES NO

By: _____ **Date:** _____
 SCCMHA Recipient Rights Advisor or Officer

Reference: Policy # 05.06.03 Competency Requirements for the SCCMHA Provider Network
 Authorization to Disclose Employee Information [8/10/22](#)

A Word About Professional Licensure

Proof of Licensure at Hire (where required)

SCCMHA job descriptions are generally written based on the minimum qualifications for positions/classifications within the SCCMHA network. If licensure is required, the individual must provide proof of licensure in order to apply for the specific position/classification. For example, if the position/classification requires a minimum of a 'limited license' then the individual must have proof of having obtained the limited licensure at the time of employment/job application. If the position requires a full license, then that is what is required at the time of application or hire. Any candidate who does not have the licensure, or otherwise does not meet the minimum qualifications, will not be considered.

Full or Limited Licensure

SCCMHA may elect to use a limited license or a full license as the minimum qualification, in keeping with Medicaid/MDCH requirements. For example, for case management positions within the SCCMHA network, one of the minimum qualifications according to the Medicaid QMHP definition is limited license social worker, so this minimum qualification is acceptable. For positions involved in therapy or the provision of treatment practices, SCCMHA has elected to require a full licensure (vs. limited licensure) at hire, as included in the Medicaid Mental Health Professional definition. When either SCCMHA or Medicaid requires a full licensure status, a limited license is not acceptable.

Job/Classification Title vs. Professional Licensure

With very few exceptions as so specified in certain job descriptions, even if licensure status is required, most professional position/classification titles are not specific to a certain licensure status or credential. For example, although Client Service Manager positions require (per Medicaid standards) a QMHP (Qualified Mental Health Professional) status - which includes social worker licensure as one possible means of qualification - the position/classification duties and responsibilities are that of a case manager, not a social worker, as other licensure or credentials could also meet the QMHP status minimum requirement. Another example is a position/classification that requires the professional to conduct individual or group therapy; generally these positions/classifications require a master's degree, but the specific type of licensure may vary and the job/classification title may not be specific to a certain licensure expectation.

Supervision of Limited Licensure Individuals

SCCMHA as an organization is supportive of the promotion of the completion of licensure for individuals where applicable, however, the oversight of specific licensure supervision, for any individual who might be hired in a position/classification who has a

limited licensure status is up to the individual, with the support of their supervisor, in securing their own arrangements for licensure supervision as needed. There is no prohibition by SCCMHA preventing any such arrangement to occur between an individual and their supervisor, and in fact work hours at SCCMHA are appropriate to use to meet or address licensure requirements; it is up to each individual limited licensure status professional, however, and their supervisor (or another professional if other than the supervisor) to make all specific arrangements and/or keep documentation. It is up to the supervisor or other individual who voluntarily agrees to provide licensure supervision to make any needed accommodations. This support of the supervisor in assisting persons to obtain licensure would be considered an appropriate professional courtesy. If any individual who is hired with a limited license as required by their position fails to obtain full licensure in the time frame allowed by statute, they could be subject to loss of their position of employment for failure to meet the minimum job qualifications, in the same manner that any individual might fail to obtain or retain the licensure needed in order to continue their employment/job status at SCCMHA if required by the job classification. All conditions or allowances related to salaried employees, HIPAA/confidentiality, work environment standards and other work requirements apply in any SCCMHA work settings when licensing supervision oversight activities are occurring.

April 2010



Staff Credentials Certification Form

Please ensure that a copy of your resume is included for verification of items selected below.

Staff Name: _____ Supervisor: _____ Date: _____

CMHP - Child Mental Health Professional:
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, licensed or limited-licensed marriage and family therapist 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.

I meet the qualifications for CMHP based on the following:

- I have transferred from another agency where I had CMHP status, **OR**
- I am an 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, licensed or limited-licensed marriage and family therapist or registered nurse.
- I am 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.
- I am 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.

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.

I meet the qualifications for QIDP based on the following:

- I have transferred from another agency where I had QIDP status, **OR**
- I have worked with a person who has an intellectual disability, as noted on my resume or other form of documentation attached to this form, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or human services professional with at least a bachelor's degree in a human services field.



QMHP - Qualified Mental Health Professional:
 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.

I meet the qualifications for QMHP based on the following:

- I have transferred from another agency where I had QMHP status, **OR**
- I have worked with a person who has a mental illness, as noted on my resume or other form of attached documentation, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or a human services professional with at least a bachelor's degree in a human services field.

Please Note the following are required for Supports Coordination and Targeted Case Management services

- If staff do not initially meet the certification requirements (CMHP, QIDP, or QMHP), their supervisor will need to co-sign all notes and assessments until the experience required to obtain the certification can be met.
- QIDP professionals can perform Supports Coordination services.
- QIDP & QMHP professionals can perform Targeted Case Management services.
- **If an individual only has a bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP.**

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for Habilitation Supports Waiver Services and/or Targeted Case Management.

Staff Signature Staff Printed Name Date

Verified by:

Staff Signature Staff Printed Name Date

¹ Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

² Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

³ Evidence of specialized training would include 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. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

Exhibit E

SCCMHA Application for Credentialing for Clinical Staff

As a Clinician/Staff within the Saginaw County Community Mental Health Authority (SCCMHA) Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network to perform and use special codes for billing services. Enclosed is an application for credentialing, along with related attachments required. 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). If using an agency these three must minimally be a part of the monthly check.
- 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 (NPDB) Check
- Criminal background check prior to hire and every 2 years during employment with the provider.
- For staff working with children, a Department of Health and Human Services (DHHS) Central Registry check must be completed.
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.
- Every 2 years clinician/staff are required to complete this application for re-credentialing purposes.

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval.

If requesting Sentri access, please submit the Sentri request and full credentialing application at:

[External Provider Sentri Add/Remove Staff \(teamdynamix.com\)](https://www.teamdynamix.com)

For your convenience, a checklist has been included on page 9 to ensure you attach all required documents for the application to be accepted.

***Failure to complete all required sections will result in the application being denied and returned for completion and will delay staff ability to bill for services rendered using SCCMHA funding sources. Please submit proof documentation for each license/credential type.**

If you have any questions related to the criteria identified above or questions about completing the application and/or attachments, please feel free to contact **Cassandra Ward at 989-272-7017 or credentialing@sccmha.org.**

Section A: Staff Information-New Credentialing (attach 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 (if applicable):
Gender: Choose an item. If Other:	Ethnicity: Choose an item. If Other:
Gender Identity:	Provide Direct Services: Yes No
National Provider Identifier (NPI):	Taxonomy Code:
Initial Background Check date:	Board Certified: Yes No
Sanction Checks Date of completion? (OIG, SAM, MI Sanction Report):	NPDB Check date:
Supervise Staff: Yes No	
Please specify all fluent communicable languages, including sign language: Choose an item. If Other:	
Please indicate the person that will provide supervision for credentialing or Licensure (this is not administrative supervision but Clinical Supervision): Clinical Supervisor Name:	
Licensure or Credential of Clinical Supervisor (please attached licensure of this person):	
Start Date of Supervision:	Phone Number of Clinical Supervisor:

Section B: Valid Certifications/Licenses (attach current copies) Please see acronym definitions on pg. 4.			
License/Certification: <input type="checkbox"/> RPT <input type="checkbox"/> OTR <input type="checkbox"/> CCC-SLP <input type="checkbox"/> NP <input type="checkbox"/> LBSW <input type="checkbox"/> SATS <input type="checkbox"/> SATP <input type="checkbox"/> CPS-M <input type="checkbox"/> CPC-M <input type="checkbox"/> CPSS <input type="checkbox"/> CPC-R <input type="checkbox"/> CHES <input type="checkbox"/> DP-P <input type="checkbox"/> DP-C <input type="checkbox"/> CADC-M <input type="checkbox"/> CADC <input type="checkbox"/> CAADC <input type="checkbox"/> CCJP <input type="checkbox"/> DP-S <input type="checkbox"/> CCDP-D <input type="checkbox"/> CCDP <input type="checkbox"/> CCS <input type="checkbox"/> CCS-M <input type="checkbox"/> OTRL <input type="checkbox"/> QMHP <input type="checkbox"/> Other <input type="checkbox"/> RN <input type="checkbox"/> SLP <input type="checkbox"/> LMFT <input type="checkbox"/> PTL <input type="checkbox"/> RD <input type="checkbox"/> LLBSW <input type="checkbox"/> LLPC <input type="checkbox"/> PA <input type="checkbox"/> QIDP <input type="checkbox"/> LLMFT <input type="checkbox"/> PTA <input type="checkbox"/> CMHP <input type="checkbox"/> LLMSW <input type="checkbox"/> PSS <input type="checkbox"/> LLP <input type="checkbox"/> TLLP <input type="checkbox"/> CHW <input type="checkbox"/> CPP <input type="checkbox"/> QBHP	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RPH <input type="checkbox"/> LP <input type="checkbox"/> LPC <input type="checkbox"/> LMSW		
<i>Indicate all past and current licenses and certifications. Physicians – include Board Certifications</i>			
Certification/License Type	State/Province	Number	Expiration Date

Section C: Please answer all questions in this section	
1. Have you ever been dismissed from a hospital or behavioral healthcare organization staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had a hospital initiate suspension, restriction, dismissal or been refused or denied privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Have you ever voluntarily surrendered any privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation of privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have any of your licenses or certifications been suspended, revoked, placed on probation or conditional status, restricted, or voluntarily surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is any action currently pending to suspend, revoke, or restrict any of your licenses or certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you been subject to any disciplinary proceedings by any local, state, or national professional organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have any malpractice claims ever been filed against you, or to the best of your knowledge, are there any claims currently pending in regard to the practice of mental health or substance use treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have any malpractice allegations involving your work been settled by you or your carrier prior to the filing of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been denied professional liability insurance, had your insurance cancelled, or your renewal denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been a defendant in any lawsuit in regard to the practice of health or substance use treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have any felony convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If yes to felony question #12 when? and for what? Click or tap here to enter text.	
14. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement.	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
15. 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: Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Statement of Ability to Perform	
1. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently engaged in the illegal use of controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you licensed to provide services to children and adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you licensed to provide services to adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box for all services you wish to provide (Case Management, Therapy, Psychiatry, etc.):

OT PT SLP Dietary Nursing Prescriber Therapy Peer Supports

Case Management/Supports Coordinator I/DD Case Management/Supports Coordinator MI Other:

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
- PSS: Parent Support Partner
- PTA: Physical Therapist Assistant
- PTL: Physical Therapist License
- QBHP: Qualified Behavioral Health Professional
- 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

Staff Credentials Certification Form

Please ensure that a copy of your resume is included for verification of items selected below.

Staff
Name:

Supervisor:

Date:

MHP - Child Mental Health Professional:

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, licensed or limited-licensed marriage and family therapist 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.

I meet the qualifications for CMHP based on the following:

- I have transferred from another agency where I had CMHP status, **OR**
- I am an 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, licensed or limited-licensed marriage and family therapist or registered nurse.
- I am 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.
- I am 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.

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.

I meet the qualifications for QIDP based on the following:

- I have transferred from another agency where I had QIDP status, **OR**
- I have worked with a person who has an intellectual disability, as noted on my resume or other form of documentation attached to this form, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or human services professional with at least a bachelor’s degree in a human services field.

QMHP - Qualified Mental Health Professional:

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.

I meet the qualifications for QMHP based on the following:

I have transferred from another agency where I had QMHP status, **OR**

I have worked with a person who has a mental illness, as noted on my resume or other form of attached documentation, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or a human services professional with at least a bachelor's degree in a human services field.

Please Note the following are required for Supports Coordination and Targeted Case Management services

- If staff do not initially meet the certification requirements (CMHP, QIDP, or QMHP), their supervisor will need to co-sign all notes and assessments until the experience required to obtain the certification can be met.
- QIDP professionals can perform **Supports Coordination** services.
- QIDP & QMHP professionals can perform **Targeted Case Management** services.
- If an individual only has a bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP.

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for Habilitation Supports Waiver Services and/or Targeted Case Management.

Staff Signature

Staff Printed Name

Date

Verified by:

Staff Signature

Staff Printed Name

Date

[^]1 Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

^{*} 2 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

^{**}3 Evidence of specialized training would include 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. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.



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 Credentialing Committee if there are any material changes in the information provided, whether prior to or after acceptance as a provider of services. 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 dismissal from employment regardless of when discovered by SCCMHA. I release SCCMHA, the SCCMHA Credentialing Committee, individually and collectively, from any and all liability for 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 will be voidable at SCCMHA's sole discretion.

I understand 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 I will be accepted as a participating provider of services; and (d) in the event that SCCMHA decides not to accept me, I may initiate administrative appeal procedures as defined in the instructions for completing the application and spelled out in the SCCMHA Credentialing Handbook.

I understand and agree that the certifications, authorizations and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation.

I understand that SCCMHA is not obligated to grant any or all requested privileges and that application for such is not a guarantee of employment with SCCMHA.

I attest that I can perform the essential functions of the position with or without accommodations.

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

Application Checklist

Please provide copies of the following required items:

- 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) for internal SCCMHA staff only.
- Copy of highest degree earned such as an official transcript or a verification through a primary source such as "National Student Clearing House"
- Copy of all current licenses and certifications to support services you wish to bill
- Copy of LARA check (Michigan licensing and regulatory affairs)
- Copy of current CV/Resume (this will be used to determine experience needed for certifications).
- Copy of initial background check
- Copy of sanctions checks completed: SAM/LEIE, MI, OIG, etc.
- Copy of National Practitioner Data Bank (NPDB) check (if newly licensed not necessary for initial credentialing will be necessary for staff at recredentialing) Please note date of graduation/completion of certification and date of licensed issued to justify no NPDB 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 Department of Health and Human Services (DHHS) Central Registry Check for any staff working with children.
- Copy of National Practitioner Identification (NPI)
- Copy of Taxonomy Code

Submitted by: _____ Date: _____

Exhibit F

SCCMHA Application for Re-Credentialing for Clinical Staff

As a Clinician/Staff within the Saginaw County Community Mental Health Authority (SCCMHA) Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network to perform and use special codes for billing services. Enclosed is an application for credentialing, along with related attachments required. Please complete the below sections according to your position/title requirements. This application is required to be completed every two years. Any information missing from this application may require the application to be returned to the applicant for additional missing information and possible removal as a provider of services if information is not completed in a timely manner.

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). If using an agency these three must minimally be a part of the monthly check.
- National Practitioner Data Bank (NPDB) Check
- Most recent Criminal background check (completed every 2 years during employment with the provider.)
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.
- Every 2 years clinician/staff are required to complete this application for re-credentialing purposes.
- Proof documentation you have revalidated in CHAMPS (SCCMHA master's level clinicians or above, Psychologists, Speech Therapists, Occupational Therapists, Physical Therapists, and Dietitians billing for services under Medicaid Insurance).

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval.

If a staff person has been terminated due to credentialing concerns, please notify SCCMHA immediately so we can assist with next steps.

For your convenience, a checklist has been included on page 8 to ensure you attach all required documents for the application to be accepted.

***Failure to complete all required sections will result in the application being denied and returned for completion and will delay staff ability to bill for services rendered using SCCMHA funding sources. Please submit proof documentation for each license/credential type.**

If you have any questions related to the criteria identified above or questions about completing the application and/or attachments, please feel free to contact **Cassandra Ward at 989-272-7017 or credentialing@sccmha.org.**



Section A: Staff Information-Re-Credentialing (attach 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 (if applicable):
Gender: Choose an item.	If Other:	Ethnicity: Choose an item.	If Other:
Gender Identity:		Provide Direct Services: Yes	No
National Provider Identifier (NPI):		Taxonomy Code:	
Most Recent Background Check date:		Board Certified: Yes	No
Sanction Checks Date of completion? (OIG, SAM, MI Sanction Report):		Date of NPDB Check:	
Supervise Staff: Yes	No	CHAMPS revalidated: Date	N/A
Please specify all fluent communicable languages, including sign language: Choose an item. If Other:			
Please indicate the person that will provide supervision for credentialing or Licensure (this is not administrative supervision but Clinical Supervision): Clinical Supervisor Name:			
Licensure or Credential of Clinical Supervisor (please attached 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		Documentation and Signatures Completed:	
No			
Section C: Valid Certifications/Licenses (attach current copies) Please see acronym definitions on pg. 4.			
License/Certification:			
<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> RPH	<input type="checkbox"/> LP
<input type="checkbox"/> LPC	<input type="checkbox"/> LMSW	<input type="checkbox"/> RPT	<input type="checkbox"/> OTR
<input type="checkbox"/> CCC-SLP	<input type="checkbox"/> NP	<input type="checkbox"/> LBSW	<input type="checkbox"/> SATS
<input type="checkbox"/> SATP	<input type="checkbox"/> CPS-M	<input type="checkbox"/> CPC-M	<input type="checkbox"/> CPSS
<input type="checkbox"/> CPC-R	<input type="checkbox"/> CHES	<input type="checkbox"/> DP-P	<input type="checkbox"/> DP-C
<input type="checkbox"/> CADC-M	<input type="checkbox"/> CADC	<input type="checkbox"/> CAADC	<input type="checkbox"/> CCJP
<input type="checkbox"/> OTRL	<input type="checkbox"/> QMHP	<input type="checkbox"/> Other	<input type="checkbox"/> DP-S
<input type="checkbox"/> CCDP-D	<input type="checkbox"/> CCDP	<input type="checkbox"/> CCS	<input type="checkbox"/> CCS-M
<input type="checkbox"/> RN	<input type="checkbox"/> SLP	<input type="checkbox"/> LMFT	<input type="checkbox"/> PTL
<input type="checkbox"/> RD	<input type="checkbox"/> LLBSW	<input type="checkbox"/> LLPC	<input type="checkbox"/> PA
<input type="checkbox"/> QIDP	<input type="checkbox"/> LLMFT	<input type="checkbox"/> PTA	<input type="checkbox"/> CMHP
<input type="checkbox"/> LLMSW	<input type="checkbox"/> PSS	<input type="checkbox"/> LLP	<input type="checkbox"/> TLLP
<input type="checkbox"/> CHW	<input type="checkbox"/> CPP	<input type="checkbox"/> QBHP	
<i>Indicate all past and current licenses and certifications. Physicians – include Board Certifications</i>			
Certification/License Type	State/Province	Number	Expiration Date



Section D: Please answer all questions in this section	
16. Have you ever been dismissed from a hospital or behavioral healthcare organization staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever had a hospital initiate suspension, restriction, dismissal or been refused or denied privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever voluntarily surrendered any privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation of privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have any of your licenses or certifications been suspended, revoked, placed on probation or conditional status, restricted, or voluntarily surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is any action currently pending to suspend, revoke, or restrict any of your licenses or certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you been subject to any disciplinary proceedings by any local, state, or national professional organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have any malpractice claims ever been filed against you, or to the best of your knowledge, are there any claims currently pending in regard to the practice of mental health or substance use treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have any malpractice allegations involving your work been settled by you or your carrier prior to the filing of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever been denied professional liability insurance, had your insurance cancelled, or your renewal denied? No	<input type="checkbox"/> Yes <input type="checkbox"/>
26. Have you ever been a defendant in any lawsuit in regard to the practice of health or substance use treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do you have any felony convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. If yes to felony question #12 when? and for what? Click or tap here to enter text.	
29. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement.	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
30. 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: Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section E: Statement of Ability to Perform	
5. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you currently engaged in the illegal use of controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you licensed to provide services to children and adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you licensed to provide services to adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box for all services you wish to provide (Case Management, Therapy, Psychiatry, etc.):

OT PT SLP Dietary Nursing Prescriber Therapy Peer Supports

Case Management/Supports Coordinator I/DD Case Management/Supports Coordinator MI Other:

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
- PSS: Parent Support Partner
- PTA: Physical Therapist Assistant
- PTL: Physical Therapist License
- QBHP: Qualified Behavioral Health Professional
- 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

Staff Credentials Certification Form

Please ensure that a copy of your resume is included for verification of items selected below.

Staff
Name:

Supervisor:

Date:

CMHP - Child Mental Health Professional:

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, licensed or limited-licensed marriage and family therapist 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.

I meet the qualifications for CMHP based on the following:

- I have transferred from another agency where I had CMHP status, **OR**
- I am an 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, licensed or limited-licensed marriage and family therapist or registered nurse.
- I am 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.
- I am 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.

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.

I meet the qualifications for QIDP based on the following:

- I have transferred from another agency where I had QIDP status, **OR**
- I have worked with a person who has an intellectual disability, as noted on my resume or other form of documentation attached to this form, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or human services professional with at least a bachelor’s degree in a human services field.

QMHP - Qualified Mental Health Professional:

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.

I meet the qualifications for QMHP based on the following:

I have transferred from another agency where I had QMHP status, **OR**

I have worked with a person who has a mental illness, as noted on my resume or other form of attached documentation, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or a human services professional with at least a bachelor's degree in a human services field.

Please Note the following are required for Supports Coordination and Targeted Case Management services

- If staff do not initially meet the certification requirements (CMHP, QIDP, or QMHP), their supervisor will need to co-sign all notes and assessments until the experience required to obtain the certification can be met.
- QIDP professionals can perform **Supports Coordination** services.
- QIDP & QMHP professionals can perform **Targeted Case Management** services.
- If an individual only has a bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP.

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for Habilitation Supports Waiver Services and/or Targeted Case Management.

Staff Signature

Staff Printed Name

Date

Verified by:

Staff Signature

Staff Printed Name

Date

[^]1 Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

^{*} 2 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

^{**}3 Evidence of specialized training would include 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. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

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 Credentialing Committee if there are any material changes in the information provided, whether prior to or after acceptance as a provider of services. 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 dismissal from employment regardless of when discovered by SCCMHA. I release SCCMHA, the SCCMHA Credentialing Committee, individually and collectively, from any and all liability for 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 will be voidable at SCCMHA's sole discretion.

I understand 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 I will be accepted as a participating provider of services; and (d) in the event that SCCMHA decides not to accept me, I may initiate administrative appeal procedures as defined in the instructions for completing the application and spelled out in the SCCMHA Credentialing Handbook.

I understand and agree that the certifications, authorizations and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation.

I understand that SCCMHA is not obligated to grant any or all requested privileges and that application for such is not a guarantee of employment with SCCMHA.

I attest that I can perform the essential functions of the position with or without accommodations.

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

Application Checklist

Please provide copies of the following required items:

- All applicable items on the application are complete and legible.
- Copy of highest degree earned such as an official transcript or a verification through a primary source such as "National Student Clearing House." (**Applicable ONLY if an additional degree was obtained since initial credential application**).
- Copy of all current licenses and certifications to support services you wish to bill.
- Copy of LARA check (Michigan licensing and regulatory affairs)
- Copy of current CV/Resume (**Applicable ONLY if additional credentials are requested from the initial credential application.**) This will be used to determine experience needed for certifications.
- Copy of current background check.
- Copy of sanctions checks completed: SAM/LEIE, MI, OIG, etc.
- Copy of National Practitioner Data Bank (NPDB) check (necessary for staff at recredentialing). Please note date of graduation/completion of certification and date of licensed issued to justify no NPDB check.
 - If unable to provide, please submit the following:
 - 4) Minimum five-year history of Professional Liability.
 - 5) Disciplinary Status with regulatory board or agency
 - 6) Medicare/Medicaid sanctions
- Copy of National Practitioner Identification (NPI)
- Copy of Taxonomy Code
- Proof Documentation CHAMPS was revalidated.

SCCMHA Credentialing Coordinator will complete the following:

- Consumer concerns which include grievances and appeals information. (Obtained through Customer Service Dept.)
- SCCMHA Review of Quality Concerns form.

Submitted by: _____ Date: _____

Exhibit G

Clinical Credentialing Application for Applied Behavioral Analysis (ABA)

As a Clinician/Staff within the Saginaw County Community Mental Health Authority (SCCMHA) Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network to perform and use special codes for billing services. Enclosed is an application for credentialing, along with related attachments required. Please complete the below sections according to your position/title requirements.

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. Any proof documents or incomplete documents will result in nonpayment of services rendered by the applicant.

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.
- Sanction Checks (OIG, SAM, Michigan Sanction Report). If using an agency these three must minimally be a part of the monthly check.
- 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 (NPDB) Check
- Criminal background check prior to hire and every 2 years during employment with the provider.
- For staff working with children, a Department of Health and Human Services (DHHS) Central Registry check must be completed.
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.
- Every 2 years clinician/staff are required to complete this application for re-credentialing purposes.

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval.

If requesting Sentri access, please submit the Sentri request and full credentialing application at:

[External Provider Sentri Add/Remove Staff \(teamdynamix.com\)](https://teamdynamix.com)

For your convenience, a checklist has been included on page 8 to ensure you attach all required documents for the application to be accepted.

***Failure to complete all required sections will result in the application being denied and returned for completion and will delay staff ability to bill for services rendered using SCCMHA funding sources. Please submit proof documentation for each license/credential type.**

If you have any questions related to the criteria identified above or questions about completing the application and/or attachments, please feel free to contact **Cassandra Ward at 989-272-7017 or credentialing@sccmha.org**.

Section A: Staff Information-New Credentialing/Re-Credentialing (attach 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 (if applicable):
Gender: Choose an item. If Other:	Ethnicity: Choose an item. If Other:
Gender Identity:	Provide Direct Services: Yes No
National Provider Identifier (NPI):	Taxonomy Code:
Initial Background Check date:	Board Certified: Yes No
Sanction Checks Date of completion? (OIG, SAM, MI Sanction Report):	NPDB Check date:
Supervise Staff: Yes No	Supervision occurring by (for ABA/TLLP only):
Please specify all fluent communicable languages, including sign language: Choose an item. If Other:	
Please indicate the person that will provide supervision for credentialing or Licensure (this is not administrative supervision but Clinical Supervision): Clinical Supervisor Name:	
Licensure or Credential of Clinical Supervisor (please attached licensure of this person):	
Start Date of Supervision:	Phone Number of Clinical Supervisor:
Email address of Clinical Supervisor:	

Section B: Valid Certifications/Licenses (attach current copies) Please see acronym definitions on pg. 4.	
License/Certification:	
<input type="checkbox"/> BCBA <input type="checkbox"/> BCaBA <input type="checkbox"/> CCC-SLP <input type="checkbox"/> CMHP <input type="checkbox"/> LMSW <input checked="" type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> OTRL <input type="checkbox"/> OTR <input type="checkbox"/> COTA <input type="checkbox"/> PTA <input type="checkbox"/> PTL <input type="checkbox"/> QBHP* <input type="checkbox"/> QIDP <input type="checkbox"/> RBT <input type="checkbox"/> RD <input type="checkbox"/> RPT <input type="checkbox"/> SLP <input type="checkbox"/> TLLP <input type="checkbox"/> Other	
* If QBHP, please include the date of completion for 6 th ABA class:	
<i>Indicate all past and current licenses and certifications.</i>	
Certification/License Type	State/Province Number Expiration Date

Section C: Please answer all questions in this section	
31. Have you ever been dismissed from a hospital or behavioral healthcare organization staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever had a hospital initiate suspension, restriction, dismissal or been refused or denied privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No



33. Have you ever voluntarily surrendered any privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation of privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have any of your licenses or certifications been suspended, revoked, placed on probation or conditional status, restricted, or voluntarily surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is any action currently pending to suspend, revoke, or restrict any of your licenses or certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you been subject to any disciplinary proceedings by any local, state, or national professional organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have any malpractice claims ever been filed against you, or to the best of your knowledge, are there any claims currently pending in regard to the practice of mental health or substance use treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have any malpractice allegations involving your work been settled by you or your carrier prior to the filing of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you ever been denied professional liability insurance, had your insurance cancelled, or your renewal denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever been a defendant in any lawsuit in regard to the practice of health or substance use treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Do you have any felony convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. If yes to felony question #12 when? and for what? Click or tap here to enter text.	
44. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement.	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
45. 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: Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Statement of Ability to Perform

9. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you currently engaged in the illegal use of controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you licensed to provide services to children and adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you licensed to provide services to adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box for all services you wish to provide:

ABA OT PT SLP Dietary Therapy

Other:

Credential and Licensure Definitions

- BCBA: Board Certified Behavior Analyst
- BCaBA: Board Certified Assistant Behavior Analyst
- CCC-SLP: Certificate of Clinical Competence in Speech-Language Pathology
- CMHP: Certified Mental Health Professional
- LLP: Limited License Psychologist
- LP: Licensed Psychologist
- OTRL: Occupational Therapist Registered License
- OTR: Occupational Therapist Registered
- COTA: Certified Occupational Therapy Assistant
- PTA: Physical Therapist Assistant
- PTL: Physical Therapist License
- QBHP: Qualified Behavioral Health Professional
- RBT: Registered Behavioral Technician
- RD: Registered Dietician
- RPT: Registered Play Therapist
- SLP: Speech Language Pathologist
- TLLP: Temporary Limited License Psychologist



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Staff Credentials Certification Form

Please ensure that a copy of your resume is included for verification of items selected below.

Staff
Name: _____ Supervisor: _____ Date: _____

CMHP - Child Mental Health Professional:

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, licensed or limited-licensed marriage and family therapist 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.

I meet the qualifications for CMHP based on the following:

- I have transferred from another agency where I had CMHP status, **OR**
- I am an 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, licensed or limited-licensed marriage and family therapist or registered nurse.
- I am 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.
- I am 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.

QBHP – Qualified Behavioral Health Professional:

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.

I meet the qualifications for QBHP based on the following:

- I have transferred from another agency where I had QBHP status, **OR**
- I am 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
- I 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, working within my 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 listed in the description above.

MHP – Mental Health Professional:
 [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.

I meet the qualifications for MHP based on the following:

- I have transferred from another agency where I had MHP status, **OR**
- I am 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.

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for ABA services.

Staff Signature

Staff Printed Name

Date

Verified by:

Staff Signature

Staff Printed Name

Date

[^]1 Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

^{*} 2 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student’s supervisor or the program’s coordinator for fieldwork/internships.

^{**}3 Evidence of specialized training would include 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. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student’s supervisor or the program’s coordinator for fieldwork/internships.



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 Credentialing Committee if there are any material changes in the information provided, whether prior to or after acceptance as a provider of services. 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 dismissal from employment regardless of when discovered by SCCMHA. I release SCCMHA, the SCCMHA Credentialing Committee, individually and collectively, from any and all liability for 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 will be voidable at SCCMHA's sole discretion.

I understand 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 I will be accepted as a participating provider of services; and (d) in the event that SCCMHA decides not to accept me, I may initiate administrative appeal procedures as defined in the instructions for completing the application and spelled out in the SCCMHA Credentialing Handbook.

I understand and agree that the certifications, authorizations and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation.

I understand that SCCMHA is not obligated to grant any or all requested privileges and that application for such is not a guarantee of employment with SCCMHA.

I attest that I can perform the essential functions of the position with or without accommodations.

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

Application Checklist

Please provide copies of the following required items:

- 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) for internal SCCMHA staff only.
- Copy of highest degree earned such as an official transcript or a verification through a primary source such as "National Student Clearing House"
- Copy of all current licenses and certifications to support services you wish to bill
- Copy of LARA check (Michigan licensing and regulatory affairs)
- Copy of current CV/Resume (this will be used to determine experience needed for certifications).
- Copy of initial background check. If a re-credential, please attach most recent background check.
- Copy of sanctions checks completed: SAM/LEIE, MI, OIG, etc.
- Copy of National Practitioner Data Bank (NPDB) check (if newly licensed not necessary for initial credentialing will be necessary for staff at recredentialing) Please note date of graduation/completion of certification and date of licensed issued to justify no NPDB check.
 - If unable to provide, please submit the following:
 - 7) Minimum five-year history of Professional Liability.
 - 8) Disciplinary Status with regulatory board or agency
 - 9) Medicare/Medicaid sanctions
- Copy of Recipient Rights Check for all counties worked in.
- Copy of Department of Health and Human Services (DHHS) Central Registry Check for any staff working with children.
- Copy of National Practitioner Identification (NPI)
- Copy of Taxonomy Code

Submitted by: _____ Date: _____

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
Network Services & Public Policy		
Effective Date: 3/24/2021	Date of Review/Revision: 6/1/2023, 3/12/2024 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: Melynda Schaefer & Cassandra Ward

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 application initiates the process, also see the Credentialing and Recredentialing of SCCMHA Providers and staff procedure 05.06.03.01. Verified credentials are then required to be entered and uploaded into the Sentri II electronic staff file. Authenticating credentials, and 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, and certification documents to the Credentialing Coordinator 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, 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, and certification documents are required to be resubmitted every two years.
- D. Once the updated credentials, and certifications are submitted, the Credentialing Coordinator completes a review of these updates and enters the appropriate documentation into the staff Sentri II profile, with supporting documents attached.
- E. SCCMHA Human Resource department provides proof documentation of credentials, and certifications for board operated staff that will provide billable services to SCCMHA consumers and require Sentri II access to the Credentialing Coordinator.
- F. Contracted providers designated human resources departments submit credentialing application via the SCCMHA workflow or email to the Credentialing Coordinator , prior to rendering services to SCCMHA consumers or obtaining Sentri II access.
- G. In each process, the Credentialing Coordinator then reviews the documentation submitted to ensure compliance for all credentials, and certifications submitted per the staff type. Credentialing Coordinator then submits the application to the appropriate member of the Credentialing Committee for verification of provisional approval until a final review occurs from the Credentialing Committee. This provisional approval will not exceed 120 days.
- H. The Credentialing Coordinator notifies the designated human resources department in writing of the provisional approval.
- I. Credentialing applications 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 application is returned to the Credentialing Coordinator for filing, entry of credentials and uploading into Sentri II.
- J. The provider/staff are notified that they have a final approval by the Credentialing Coordinator.
- K. To ensure the most accurate information is reflected within the Sentri II staff profile, the Credentialing Coordinator enters the current credentials, and certifications within the credentialing application into Sentri II in the staff's profile. The specific documents needed to reflect proof documentation of compliance are uploaded.
- L. This process is completed, by selecting the attachment under the licensure, 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 applications, provide provisional approvals, and ensure 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 and Recredentialing of SCCMHA Providers and Staff procedure:
05.06.03.01

SCCMHA Network Services Data Base Procedure

Department of Health and Human Services Behavioral & Physical Health and Aging
Services Administration Credentialing and Re-Credentialing Processes

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:

ACTION	RESPONSIBILITY
Credentials and privileges submitted to the Credentialing Coordinator.	Human Resources or designated credentialing staff at the provider agencies.
Reviews the credentialing documents and supporting documents and assures needed documents are included.	Credentialing Coordinator
Provides provisional approval to provider once credentialing application has been approved by designated Credentialing Committee member..	Credentialing Coordinator
Credentialing applications are reviewed for accuracy and compliance to ensure the MDHHS and MSHN standards are being met.	SCCMHA Credentialing Committee
Provides final approval or denial of credentials based on information given.	SCCMHA Credentialing Committee
Notifies provider of final approval or denial based on Credentialing Committee Review.	Credentialing Coordinator
Enters the current credential, and certification within the credentialing application.	Credentialing Coordinator
Uploads the supporting proof documents to the staff's profile in Sentri II. This process is done, by selecting the attachment tab under the licensure, privilege, or certification category and uploading or scanning the supporting document into the file for that particular area.	Credentialing Coordinator

Exhibit A:

Staff Name Monique Taylor-Whitson	Staff ID 1013384
---	----------------------------

6 Credentials

Type	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 -	[REDACTED]	Change View Delete
0 Attachments			
License - LIMITED LICENSE MSW (LLMSW)	07/01/2019 - 04/30/2021	[REDACTED]	Change View Delete
Attachments			
No Attachments Exist Scan Attachment Upload Attachment			
Signature Credentials	02/07/2012 - 05/31/2019	BA	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:

Upload Attachment

STEP 1 - Select the file to upload
Click the **Browse** button to select the file on your local PC to be uploaded.
File Name: LLMSW Exp. 4-30-2021.pdf
File Size: 2825982 bytes

You must click "Save" to complete the upload and save the attachment.

STEP 2 - Attachment Information
To identify the file that you are uploading, please complete the following information.
Document Type
Supporting Documentation ▾
Document Date
4/30/2021
[Use Current Date](#)
Attachment Comments

Exhibit C:

Staff Name Monique Taylor-Whitson			Staff ID 1013384
6 Credentials			
Type	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 -	[REDACTED]	Change View Delete
0 Attachments			
License - LIMITED LICENSE MSW (LLMSW)	07/01/2019 - 04/30/2021	[REDACTED]	Change View Delete
Attachments			
Date / Type	Notes	Details	Scan Attachment Upload Attachment Change View Delete Download
04/30/2021 Supporting Documentation		Uploaded By: Monique Taylor-Whitson on 08/11/2020 10:34:36 Uploaded File Name: LLMSW Exp. 4-30-2021.pdf	
Signature Credentials	02/07/2012 - 05/31/2019	BA	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			

Network Services & Public Policy Procedure or Plan Manual Saginaw County Community Mental Health Authority		
Subject: Tracking of Credentials for Staff Electronic Signatures	Chapter: 09.04.05 – Network Services	Subject No: 09.04.05.02
Network Services & Public Policy		
Effective Date: 9/21/16	Date of Review/Revision: 2/5/18, 1/2/20, 10/12/21, 6/1/23, 3/12/24 Supersedes: 09.04.03.09	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education Authored By: Jennifer Keilitz Reviewed By: Melynda Schaefer & Cassandra Ward

Purpose:

To ensure all staff credentials are tracked in Sentri to allow for the electronic signature of staff to be shown on electronically signed documents.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that all persons providing care and treatment for individuals with disabilities served by the SCCMHA provider network, including DCO’s will be properly credentialed. It is further the policy of SCCMHA that all documents including electronically generated documents include staff signatures and staff credentials as part of the electronic signature.

Application:

This procedure applies to all service delivery programs, both board operated (SCCMHA) and contracted network providers including Designated Collaborating Organizations (DCO’s), and to any staff members who provide services that are recorded in the consumer electronic medical record and need to be signed electronically. This also applies to any services that are billed by SCCMHA to other funding sources where signatures and credentials are required.

Standards:

- A. Each employer, including SCCMHA, and DCO’s will verify credentials of position applicants, including proper licensure if required.

- B. Individuals with credentials required by job description must maintain such status without any lapse. If credential status does change, the employee must notify the supervisor immediately and contractors must notify the SCCMHA contract manager immediately. All employers, including SCCMHA, and DCO's will employ consistent organizational procedures to follow when direct service personnel are found to be without the required license to perform job duties.
- C. SCCMHA and other provider network organizations, including DCO's must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.
- D. SCCMHA and other provider network organizations including DCO's will assure staff are recredentialed every two years.
- E. SCCMHA and other provider network organizations including DCO's will assure staff maintain good standing with Licensing and Regulatory Affairs (LARA) by performing a check of the LARA website every two years.
- F. Each staff person with a license will be credentialed through the SCCMHA Credentialing Committee.
- G. SCCMHA will deny any claims and will not record and/or correct data on any reported applicable services found to have been provided by an insufficiently credentialed individual.
- H. Staff will receive notification via Sentri 30 days prior to any licenses or credentials coming due in Sentri. This is sent as a reminder to staff to assure they complete any requirements that are necessary for license renewal.
- I. All licenses will have a history recorded in sentri.

Definitions:

Sentri: SCCMHA's electronic health record for all consumer files served by SCCMHA board operated and Contracted Network Providers.

DCO: Designated Collaborating Organization- a formal relationship with a provider to provide services for a Certified Community Behavioral Health Clinic (CCBHC) care.

References:

SCCMHA Policy 09.04.03.01 Credentialing of SCCMHA Providers and Staff
 MDHHS Medicaid Provider Manual
 Michigan CCBHC Demonstration Handbook.

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Board Operated Programs/SCCMHA: Will verify credentials and licensure at hire to assure the credentials and licensures match those required by the job posted.	SCCMHA Human Resources SCCMHA Human Resources

<p>Verifies credentials using a primary source verification method and keeps proof in the staff employment record.</p>	<p>SCCMHA Human Resources</p>
<p>Verifies licenses on Michigan.gov website and keeps proof in staff employment record.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>The Credentialing Coordinator meets with staff on orientation day and has them complete the credentialing application and gather proof documents.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>Updates Sentri in the Credentials section of the staff file.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>Notifies staff if a copy of the actual license or credential has not been received by the expiration date.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>Updates any renewal licenses or credentials so that all history is kept for possible audit.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>Assures staff maintains appropriate credentials and licensure as required by the position and as required by the scope of work performed.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>Updates licensure and credentials as required to assure electronic signatures show staff's appropriate credentials.</p>	<p>SCCMHA Board Operated staff members and SCCMHA Human Resources</p>
<p>Adds NPI or National Practitioners Identification number into Sentri.</p>	<p>SCCMHA Human Resources, and SCCMHA Information Systems Staff</p>
<p>Staff name changes are submitted to Human Resources for required changes.</p>	
<p>Staff name changes are forwarded to SCCMHA training unit as well as SCCMHA Information Systems staff for updates in Sentri.</p>	

<p>Contracted Network Providers including DCO's:</p>	
<p>Will verify credentials and licensure at hire to assure the credentials and licensures match those required by the job.</p>	<p>Contracted Network Providers & DCO's</p>
<p>Verifies credentials using a primary source verification method and keeps proof in the staff employment record.</p>	<p>Contracted Network Providers & DCO's</p>
<p>Verifies licenses on the Michigan.gov website and keeps proof in staff employment record.</p>	<p>Contracted Network Providers & DCO's</p>
<p>Completes a credentialing application for review by SCCMHA Credentialing Committee and submits to the SCCMHA Credentialing Coordinator via the SCCMHA workflow and/or credentialing@sccmha.org email Staff are to use the SCCMHA workflow if requesting a Senti login for new staff.</p>	<p>Contracted Network Providers & DCO's</p>
<p>Enters staff names into Senti and creates temporary sign on upon notification that completed credentialing application was submitted. This notification is done through the SCCMHA workflow.</p>	<p>SCCMHA Information Systems Staff</p>
<p>SCCMHA Credentialing Coordinator enters credentials to Senti to assure signature includes proper credentials. Information needed is:</p> <ol style="list-style-type: none"> a. Degree of person such as Bachelor of Science degree, Bachelor of Arts degree, Master of Social Work degree these will be entered with the effective date of the actual date the degree was obtained or if not given as the hire date. b. Effective date of license or credential c. Expiration date of license d. Full License Number e. Billing License Number 	<p>SCCMHA Credentialing Coordinator</p>

<ul style="list-style-type: none"> f. NPI number when applicable g. Other credentials, licenses, certifications, privileges to be added such as CADC, etc. h. If multiple licenses or credentials what order preference. Degree will always be first, License will always be second. 	
<p>Will add licensure and/or credentials, certifications, privileges and National Practitioners Identification (NPI) number for contract staff in Sentri.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>Ensures staff maintains appropriate credentials and licensure as required by the position and as required by the scope of work performed.</p>	<p>Contracted Network Providers</p>
<p>Monitors staff credentials and assures all credentials are noted on staff electronically signed documents.</p>	<p>Contracted Network Providers & DCO's</p>
<p>Submits renewal credentialing application and supporting documents to SCCMHA Credentialing Coordinator for updates to SCCMHA Sentri. Adds renewal licenses, credentials, certifications, privileges, etc. to staff credentials area in Sentri every two years.</p>	<p>Contracted Network Providers & DCO's SCCMHA Credentialing Coordinator</p>
<p>If staff person obtains a new license or credential that negates the current one in the system, an expiration date for the old will be entered. The date prior to the new credential effective date, will be used as the end date.</p>	<p>SCCMHA Credentialing Coordinator</p>
<p>Staff name changes are forwarded to SCCMHA training unit as well as SCCMHA Information Systems staff for updates in Sentri.</p>	<p>Contracted Network Providers & DCO's</p>

Network Services and Public Policy Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Privileging of Practitioners in Evidence-Based Practices	Chapter: 09.04.05 – Network Services	Subject No: 09.04.05.03
Network Services and Public Policy		
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, 5/16/23, 3/15/24	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy, & Continuing Education Authored By: Mary Baukus, Barbara Glassheim Reviewed by: EBP Leadership Team, Melynda Schaefer
	Supersedes: 09.04.03.15	

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.
- D. Privileging for providers will include an initial review based on team members 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. The EBP Leadership Team will review the completed EBP privileging forms as needed.
- F. Oversight of the privileging process shall be assigned to the Director of Network Services, Public Policy, and Continuing Education and Evidence-Based Practice G. The privileging process will include all contract providers and SCCMHA staff.
- G. 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.
- H. 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.
- I. 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.
- J. 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.
- K. 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.

- L. The EBP/TIC Coordinator, or Designee, will be responsible for initial review and processing of privileging verification forms as well as the periodic review of forms.
- M. 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. Privileging Verification Form

Procedure:

ACTION	RESPONSIBILITY
Appoints SCCMHA administrative staff member responsible for oversight of privileging.	CEO or designee
New clinical staff are to complete a privileging verification form. Contact the EBP/TIC Coordinator for the latest version.	Supervisor/Contract Provider
Completed privileging applications and supporting documentation will be sent to the EBP/TIC Coordinator.	Supervisor/Contract Provider
Follows up with staff/supervisor as needed to obtain the necessary privileging documents.	EBP/TIC Coordinator
Maintains privileging documents and verification forms. Serves as administrative staff member Responsible for oversight, facilitates Evidence-Based Practice Leadership Team Acts as the privileging agent for SCCMHA	EBP/TIC Coordinator; Director of Network Services, Public Policy, and Continuing Education; Program supervisor
Conducts periodic privileging of network providers associated SCCMHA EBP service delivery	EBP/TIC Coordinator
The privileging process is repeated every year.	EBP/TIC Coordinator
Provides or maintains record of required supervision and training hours Completes Documentation of EBPs for Privileging on the Documentation for EBP Privileging verification form	Program Supervisor, Continuing Education Supervisor and SCCMHA provider, contractor, and individual staff members
Maintain full EBP training records on EBP Providers.	SCCMHA Continuing Education Department/Contract Providers
Maintains records of privileged staff	Evidence-Based Practice and Trauma-Informed Care Coordinator

<p>Provides Updates to EBP/TIC Coordinator regarding any additional staff trained in an EBP.</p>	<p>Program Supervisor</p>
<p>Sends out privileging form for updates to each team on an annual basis or as needed.</p>	<p>SCCMHA Provider Network Auditing Supervisor, and Provider Network Auditing staff</p>
<p>Will consult with EBP/TIC Coordinator to assure staff are appropriately privileged in order to use specific codes related to EBP's or use of modifiers related to EBP's.</p>	<p>EBP/TIC Coordinator</p>

Exhibit A



Documentation for EBP Privileging



Program Name: _____

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 or needs more training to practice)	CBT SENTRI case number and note date for ongoing privileging**	Training documentation attached*	Privileged in for 2024 (EBP Coordinator use only)

Please check all EBPs that staff of your program provides currently:

<input type="checkbox"/> Assertive Community Treatment (ACT)	<input type="checkbox"/> Child Parent Psychotherapy	<input type="checkbox"/> Cognitive Behavior Therapy for Hoarding	<input type="checkbox"/> Integrated Dual Disorder Treatment (IDDT)	<input type="checkbox"/> Dialectical Behavior Therapy (DBT)
<input type="checkbox"/> NADA Protocol	<input type="checkbox"/> DBT-A	<input type="checkbox"/> EMDR	<input type="checkbox"/> Mindfulness/Meditation	<input type="checkbox"/> Mobile Response & Stabilization Services
<input type="checkbox"/> Parenting Through Change (PTC)	<input type="checkbox"/> Motivational Interviewing	<input type="checkbox"/> Parent Management Training Oregon Model (PMTO)	<input type="checkbox"/> Parent Support Partner (PSP)	<input type="checkbox"/> Peer support Specialist (PSS)
<input type="checkbox"/> Cognitive Behavior Therapy (CBT)	<input type="checkbox"/> Youth Peer Support Specialist	<input type="checkbox"/> Family Psychoeducation (FPE)	<input type="checkbox"/> Seeking Safety (SS)	<input type="checkbox"/> Dual Diagnosis Capable
<input type="checkbox"/> Supported Employment (SE/IPS)	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Trauma Focused Cognitive Behavior Therapy (TF-CBT)	<input type="checkbox"/> Trauma Recovery Empowerment Model (TREM) _____ Indicate version(s)	<input type="checkbox"/> Wraparound
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Revised 01/24/2024



Documentation for EBP Privileging



*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 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.

**Please provide a consumer SENTRI number and note date for a session that demonstrates the use of CBT. This request only applies to any therapists (and supervisors of therapists) of school-aged children through adults who were previously privileged in Cognitive Behavior Therapy. Please see the Cognitive Behavior Therapy (CBT) policy 02.03.09.16 for more information.

Any additional information, or comments:

Supervisor Signature

Date

EBP/TIC Coordinator Signature

Date

Revised 01/24/2024

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 Policy		
Effective Date: 10/13/22	Date of Review/Revision: 8/8/2023, 3/14/2024 Supersedes:	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy, and Continuing Education Authored By: Jenna Brown, NSPP Administrative Assistant Reviewed By: Chief of Network Business Operations, Director of Finance, Provider Network Auditing Supervisor, Credentialing Coordinator

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, external Certified Community Behavioral Health Clinic – Demonstration Site (CCBHC-D) Designated Collaborating Organizations (DCO) staff, 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 or DCO staff billing CPT (Current Procedural Terminology) 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:

CCBHC – Certified Community Behavioral Health Clinic – A facility designated to provide a comprehensive array of behavioral health services to anyone requesting mental health or substance use care, regardless of ability to pay and including those with a mild to moderate diagnosis.

DCO – Designated Collaborating Organizations – An entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC.

CHAMPS – The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS Medicaid Management System.

NPES – 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.

CAQH – 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 inquiries.

CPT – 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 \(CHAMPS\) \(michigan.gov\)](http://michigan.gov)

[NPES \(hhs.gov\)](http://hhs.gov)

[Welcome to the Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\) \(hhs.gov\)](http://hhs.gov)

[CAQH ProView - Sign In](#)

Exhibits:

Exhibit A - Insurance Credentialing Checklist for Fully Licensed Therapists and Prescribers (Internal Staff)

Exhibit B – Instructions for Completing Insurance Credentialing Checklist

Procedure:

ACTION	RESPONSIBILITY
<p>1. Initiation SCCMHA Credentialing staff will email the Insurance Credentialing Checklist and Instruction Guide to staff that need to be credentialed with commercial insurances. Please note, there are slightly different credentialing packets for internal staff, Array, InnovaTel, HNNP, WGC, and TTI. Each checklist details the specific information that is needed for each provider.</p> <p>External providers are responsible for communicating when there is a new fully licensed staff that will be working with CCBHC consumers and needs to be credentialed. External providers must also communicate when a credentialed staff leaves the organization.</p>	<p>SCCMHA Credentialing Coordinator</p> <p>CCBHC DCO Provider Supervisors</p>
<p>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 appropriate Insurance Credentialing Checklist (See 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.</p>	<p>Fully Licensed Clinical Staff</p>
<p>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 would like to access the account Samantha creates for staff, they will need to set up their own login information after the account is created.</p>	<p>Samantha Middleton, Yeo & Yeo</p>

<p>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 <u>middletons2343</u> access to their profile. This account information will be held confidential. (See Exhibit B for screenshots).</p>	<p>Fully Licensed Clinical Staff</p>
<p>4. NPPE/PECOS If staff do not already have a NPPE/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 NPPE/PECO account to add her email. This will only take a few minutes. (See Exhibit B for screenshots).</p>	<p>Fully Licensed Clinical Staff</p>
<p>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.</p> <p>All staff will need to upload their SCCMHA liability insurance to CAQH. Staff will be sent their insurance certificate by SCCMHA Credentialing Staff.</p> <p>SCCMHA Credentialing Staff will contact Toni Claerhout at Saginaw Bay Underwriters to obtain a new</p>	<p>Fully Licensed Clinical Staff</p> <p>SCCMHA Credentialing Coordinator</p> <p>SCCMHA Credentialing Coordinator</p>

insurance certificate for the staff being credentialed. They will also contact Toni when a staff member needs to be removed from the insurance certificate.

Email: tclaerhout@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 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 into PECOS and approve the reassignment.

Fully Licensed Clinical Staff

Fully Licensed Clinical Staff

SCCMHA Credentialing Coordinator

Samantha Middleton, Yeo & Yeo

SCCMHA Credentialing Coordinator/
Executive Assistant to the CEO/ CEO

Exhibit A



SCCMHA Insurance Credentialing Checklist for Fully Licensed Therapists and Prescribers

5/25/2023

To ensure that you are best able to provide care within SCCMHA, we need your assistance in obtaining your personal information. This information is required to set you up in our systems and to ensure that we may submit services to insurance carriers for payment.

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.](#)

License Number(s): [Click or tap here to enter text.](#)

University Attended: [Click or tap here to enter text.](#)

Year of Graduation: [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.](#)

Council for Affordable Quality Healthcare (CAQH) is the healthcare industry's premier resource for self-reporting professional and practice information to health plans and healthcare organizations:

CAQH Username: Click or tap here to enter text.
CAQH Password: Click or tap here to enter text.

National Plan & Provider Enumeration System (NPPES) & Provider Enrolment, Chain and Ownership System (PECOS-used by Medicare) is used by CMS as a HIPAA mandate in assigning unique identifiers for health care providers:

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 page 3)

Community Health Automated Medicaid Processing System(CHAMPS) is the MDHHS web-based, rules-driver, real-time adjudication Medicaid Management System used in the State of Michigan:

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 _____.

(See attached instruction guide page 2)

Please include the following documents:

- Print NPI Registry that includes Taxonomy Code and Enumeration date
- Copy of professional license
- Copy of diploma
- Copy of CV/resume
- Three (3) professional references (relationship, phone, email)
- Copy of driver license

I, _____, hereby authorize Saginaw County Community Mental Health Authority to release and keep my personal information active to any and all insurance companies that I am eligible to enroll in for reimbursement of services provided as a SCCMHA network provider. I will be responsible for keeping my information up to date in CAQH quarterly and when my license is renewed and in CHAMPS every two years or when my license is renewed.

If applicable to me based on my credentials, I consent to allow Saginaw County Community Mental Health Authority to link me as an individual provider to their group for billing of services coordinated between SCCMHA & my Employer.

Staff Signature: _____ Date: _____

Please send completed checklists and following documents to credentialing@sccmha.org and jenna.brown@sccmha.org

Exhibit B

Instructions for Completing Insurance Credentialing Checklist

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 has 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, anyone entering services with CPT codes (codes without letters) 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.

Please review this document prior to starting so that you can have all the 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/>
 - 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

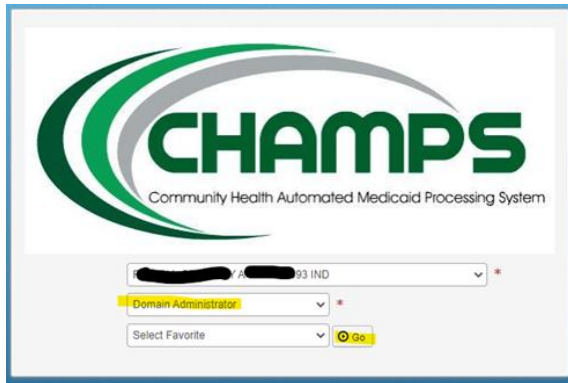
You may also want the documents listed at the bottom of the attached checklist available when creating your accounts.

Creating Accounts

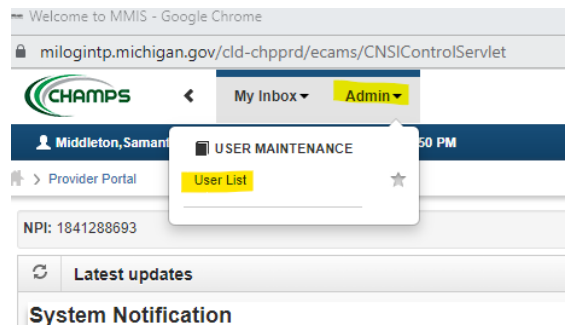
CHAMPS

- If you are one of the few **not** 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 the available profiles. Click the arrow pointing to the right to add them. Then click “okay.” Yeo & Yeo will now have access to your profile.

dd Provider User

Please enter the following information

User ID: * [Enter Single Sign On ID]

Provider Domain: PINNELL GREGORY A

Start Date: *

Expiration Date: *

Available Profiles

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- Provider HRA
- View Provider Enrollment

Selected Profiles *

Remarks:

Ok Cancel

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.
 - 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 to 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 so she can watch her email and forward the code to you.) If already set up, click "reset MFA:"

Multi-Factor Authentication (MFA) - Method

* Indicates required field(s)

We would like to send you a code to verify your identity.

* Select where you wish to receive your verification code:

Primary Authentication Method: Phone Number Text/SMS: (xxx) xxx-xxxx

Need to make changes where you receive your code? [Reset MFA](#)

| [Cancel](#)

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.

Note: To reset/unlock your MFA you will need to successfully complete one of the following two options:

1. Correctly answer three Security Questions associated with your account.
2. Enter the User Information associated with your account.

If you choose Option 1, and are unable to correctly answer three of the Security Questions associated with your account, you will be required to complete Option 2 and correctly enter the User Information associated with your account before being allowed to reset your MFA.

* Indicates required field(s)

Security Questions

* **Security Question 1:**
What is the first and last name of your first boyfriend or girlfriend?

* **Security Question 2:**
Which phone number do you remember most from your childhood?

* **Security Question 3:**
What is your monthly mortgage payment amount?

OR User Information

* **Social Security Number (Enter Last 4 Digits):**

* **Date of Birth:**
Ex: (MM/DD/YYYY)

* **First Name:**

* **Last Name:**

* **Personal Phone Number:**

* **Home ZIP/ Postal Code:**

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:
 - A release that will be downloaded from the site and needs your signature.
 - Liability insurance – You do not need to get your own liability insurance. Your employer will cover you under their liability insurance. They will need to provide you with a copy of the policy, with your name on it, 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.

Network Services Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Enrollment in CHAMPS (Community Health Automated Medicaid Processing System)	Chapter: 09.04.05 - Credentialing	Subject No: 09.04.05.05
Network Services & Public Policy		
Effective Date: 3/6/18	Date of Review/Revision: 2/12/19, 2/10/20, 3/10/21, 10/10/22, 6/1/23, 3/14/24	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
	Supersedes: 09.06.00.08	

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 ensure 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 Resources of a new clinical staff is sent to Credentialing Coordinator	Human Resources staff
2. Complete the enrollment process. SCCMHA Credentialing Coordinator will inform staff of the need to enroll and assist with any problem solving.	SCCMHA and Network Provider staff and SCCMHA Credentialing Coordinator
3. Notify SCCMHA Billing of successful completion of the process email	SCCMHA and Network Provider staff
4. Verification of Enrollment	Provider Network Auditing Supervisor
5. Will ensure staff record includes enrollment in CHAMPS in order to bill for Medicaid services.	SCCMHA Billing Unit in the SCCMHA Finance Department


CHAMPS Instructions

Copy and paste this link to your browser:

<https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/>

Click on Create New Account

Home Help  MI.gov



Login to your account

*** = Required Fields**


***User ID**


***Password**

[Forgot your User ID?](#)
[Forgot your password?](#)
[Need Help?](#)

i If you have accessed applications using Single Sign On (SSO) that have now migrated to the MILogin portal, please use your SSO user ID and password here rather than creating a new account.

Don't have an account?

Home Help  MI.gov



Create your account - Step 1 of 3


*** = Required Fields**


*First Name	Middle Initial	*Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Email Address	*Confirm Email Address		
<input type="text"/>	<input type="text"/>		
*Work Phone Number	Mobile Number		
<input type="text"/>	<input type="text"/>		
*Verification Question: What is the 2nd digit in 217903?			
<input type="text"/>			
<input type="checkbox"/> I agree to the terms & conditions .			
<input type="button" value="Next"/>		<input type="button" value="Clear"/>	

[MILogin Home](#)
[Michigan.gov Home](#)
[Policies](#)
[Contact Us](#)

Copyright 2015 State of Michigan

Fill in the above information and click next. NOTE: Your verification question may be different than others.

Home Help  MI.gov

 **MI Login**
for Third Party

Create your account - Step 2 of 3

*** = Required Fields**

***User ID**

***Password**

***Confirm Password**

User ID guideline: Enter your last name, first initial, and any 4 numbers with no space between them. For Example: John Smith and using 9999 as an example for the four digit number, you would enter smithj9999.

Password guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (!\$#,%@~^&* _ +=><)
- Should not be based on your User ID

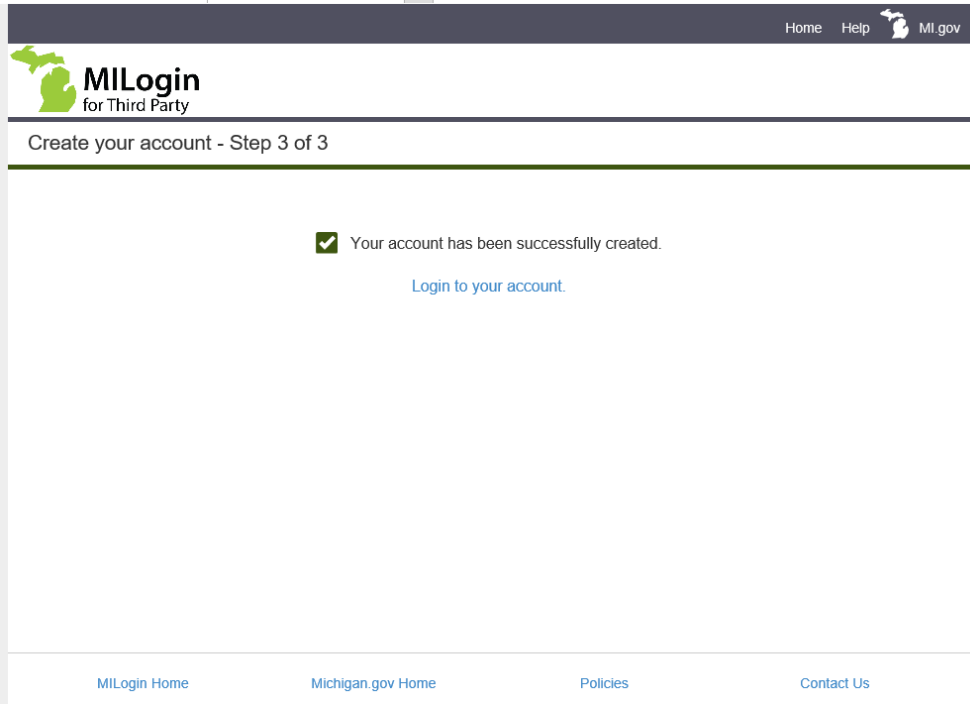
Complete the User Id and Password info

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.

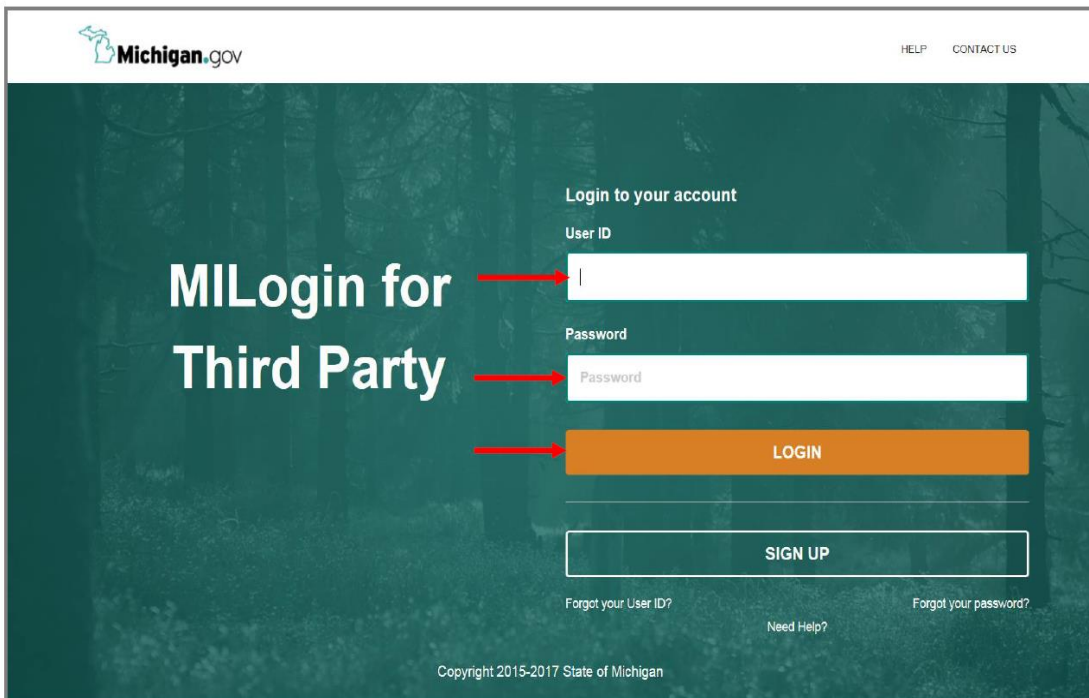
Select four unique security questions. These questions will be used to restore access to your account in case you forget the password.

<p>*Secret Question #1</p> <input type="text" value="--Select Question--"/>	<p>*Secret Answer #1</p> <input type="text" value="Enter security answer #1"/>
<p>*Secret Question #2</p> <input type="text" value="--Select Question--"/>	<p>*Secret Answer #2</p> <input type="text" value="Enter security Answer #2"/>
<p>*Secret Question #3</p> <input type="text" value="--Select Question--"/>	<p>*Secret Answer #3</p> <input type="text" value="Enter security Answer #3"/>
<p>*Secret Question #4</p> <input type="text" value="--Select Question--"/>	<p>*Secret Answer #4</p> <input type="text" value="Enter security Answer #4"/>

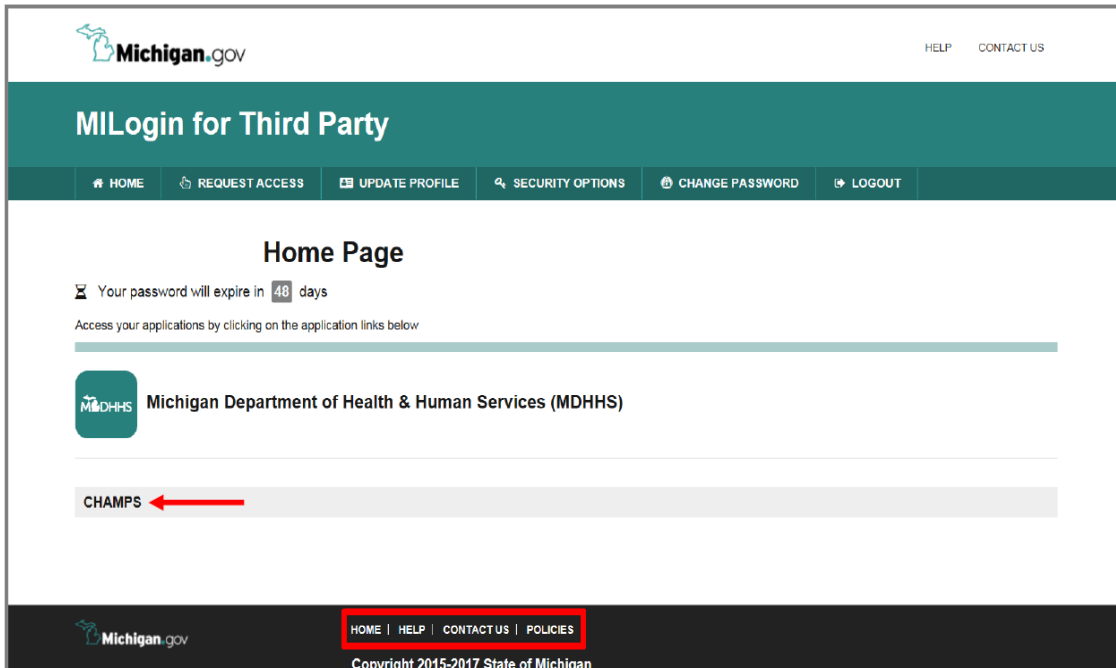
If you have been successful, you will see this screen



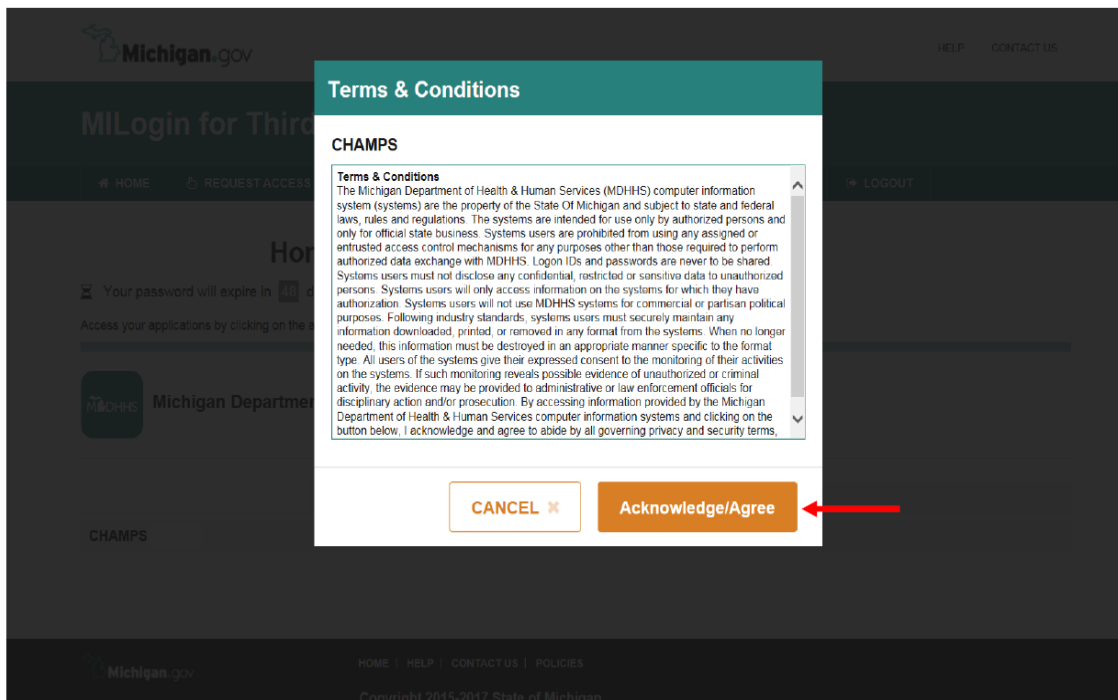
Log on to your account.



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).

Provider Enrollment	
New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

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.

CHAMPS My Inbox Provider

Quick Find Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor (Choose this option to be a Medicaid Individual/Sole Proprietor, you may participate in the EHR-MIPP.)
 - EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)
 - Managed Care Network Provider Only
 - Managed Care Network Provider and EHR
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Contractor/MCO
- HIPAA-Exempt Individual/Sole Proprietor
 - Regular
 - Home Help
- HIPAA-Exempt Facility/Agency/Organization (FAO)
 - Regular
 - Home Help

Submit

- Select the appropriate Provider/Enrollment Type

Choose: Individual/Sole Proprietor, then click submit.

Step 1: Provider Basic Information

Select Render/Service 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, Melynda.Schaefer@sccmha.org and your own email address to help track the application.

The screenshot shows a web application interface with two main sections: 'Basic Information' and 'Home Address'. The 'Basic Information' section includes fields for EIN/TIN, First Name (Training), Last Name (Test), Suffix, SSN (100001200), Date of Birth (07/07/1956), Middle Initial, Gender (Male), Provider Class, and Applicant Type (Individual/Sole Proprietor). The 'Home Address' section includes Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province (OTHER), County (OTHER), Country (UNITED STATES), and Zip Code. A 'Validate Address' button is located next to the Zip Code field. At the bottom right, there are 'Confirm' and 'Cancel' buttons. Red arrows in the image point to the 'Applicant Type' dropdown menu, the 'Validate Address' button, and the 'Confirm' button.

Click Confirm.

Copy down or Print Your Application ID is: 12345678901234. This will be needed later.

Application ID: 20140626600943 Name: Test, Training

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20140626600943

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

OK

- After completing the basic information, select OK

Step 2: Specialties

Select add
(Add primary specialty).

New Enrollment > Individual Enrollment > Individual Enrollment

Application ID: Name: .

Close Add Primary Specialty **SELECT ADD, do not select primary specialty**

Specialty/Subspecialty List

Filter By [dropdown] [input] Go

Specialty/Subspecialty	Provider Type
△▽	△▽

No Records Found!

SPECIALTY:

Now click primary specialty, select your subspecialty. MSW and LMSW should be pre-populated. Do not worry about the start and end dates.

Primary Specialty For Enrollment

Primary Specialty/Subspecialty: NON-PHYSICIANS/Social Worker (Masters Level)/No Subspecialty *

Board Certified: Yes No

Board Eligible: Yes No

Start Date: 01/01/2015 *

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).

Application ID: _____ Name: _____

Add Specialty/Subspecialty

Provider Type: NON-PHYSICIANS *

Specialty: Social Worker (Masters Level) *

End Date: | _____

Add Subspecialty

Available Subspecialties	Associated Subspecialties *
	No Subspecialty

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

Application ID: [redacted] Name: [redacted]

Associate Billing Provider

Enter NPI/Provider ID of Billing Provider and click "Confirm Provider".

Type: NPI *
ID: 1689778953 *
Start Date: 12/22/2016 *
End Date: [] *

Provider Name: SAGINAW CO CMHSP

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.

Application ID: [redacted] Name: [redacted]

Add License/Certification/Other

License/Certification/Other Type: State Professional License *
License/Certification/Other #: [] *
State: [] *
Valid Flag: [] *
Effective Date: [] *
End Date: [] *

Step 5: Add Provider Controlling Interest/Ownership Details

Optional step, disregard this step.

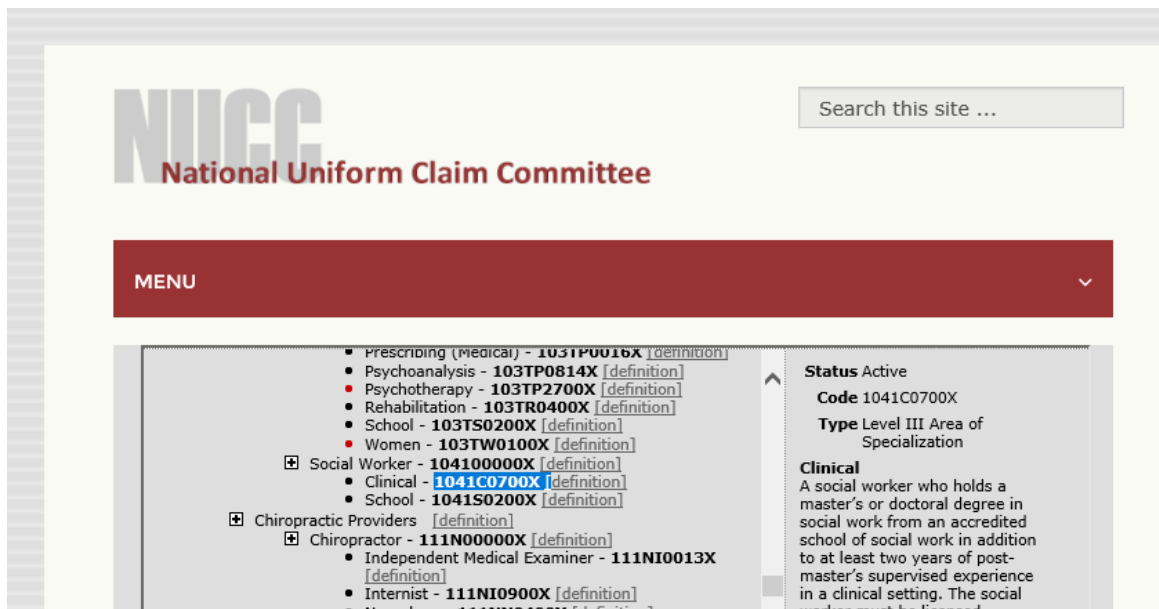
Step 6: Add Taxonomy

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.

The screenshot shows a web browser window with the URL <https://milogintp.michigan.gov/dch-chpprd/ecams/CNS/ControlServlet>. The page title is "Provider Checklist - Internet Explorer". The user is logged in as "Gonzalez, Natividad". The form is titled "Provider Checklist" and shows the following questions and answers:

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Yes	10/1/2015
Are you currently excluded from any State program?	No	
Are you currently excluded from any Federal program?	No	
Have you ever had a criminal or health-related conviction?	No	
Have you ever had a judgment under any false claims act?	No	
Have you ever had a program exclusion/debarment?	No	
Have you ever had a civil monetary penalty?	No	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	No	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	No	
Do you accept new patients?	Yes	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	No	
If you are a Nurse Practitioner or Nurse Midwife, a Collaborative Agreement is required. Please provide NPI of servicing physician. If you don't have an agreement, please answer yes and provide an explanation.	No	
Dental Hygienist: Do you have a collaborative agreement in place? If "Yes", with what NPI?	No	
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	No	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	No	

At the bottom of the form, there are buttons for "View Page: 1", "Page Count", "SaveToXLS", and "Viewing Page: 1". The server time is 12/22/2016 01:06:57 EST.

Step 9: Submitting your application for review.

If you have entered all of your information as accurately as possible, click Next.

The screenshot shows the "Submit Application" page. The user has checked the box for "Submit Application". The page contains the following terms and conditions:

third party payers. The Trading Partner agrees to defend, indemnify, and hold harmless MDHHS, its Trading Partners, officers, agents, employees, assigns and successors from and against any and all claims, losses, and actions, including all costs and reasonable attorney fees, arising out of electronic Transactions the Trading Partner submits to MDHHS.

6. Standard Transactions.
All Standard Transactions, as defined by HIPAA, will be conducted by the parties using only code sets, data elements, and formats specified by the Transaction Rules and instructions in the MDHHS Companion Guides. The parties agree that when conducting Standard Transactions, they will not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.

7. Testing
All new Trading Partners will cooperate with MDHHS upon request in testing processes prior to submission of production data. Existing Trading Partners will cooperate with MDHHS upon request in testing processes for any changes in submission format prior to submission of production files. MDHHS will notify the Trading Partner of the effective date for production data after successful testing.

8. Data and Network Security
The parties agree to use reasonable security measures to protect the integrity of data transmitted under this Agreement and to protect this data from unauthorized access. The Trading Partner shall comply with MDHHS data and network security requirements, which may change from time to time and as may be required by the HIPAA security regulations.

9. Automatic Amendment for Regulatory Compliance
This Agreement will automatically be amended to comply with any final regulation or amendment to a final regulation adopted by the U.S. Department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.

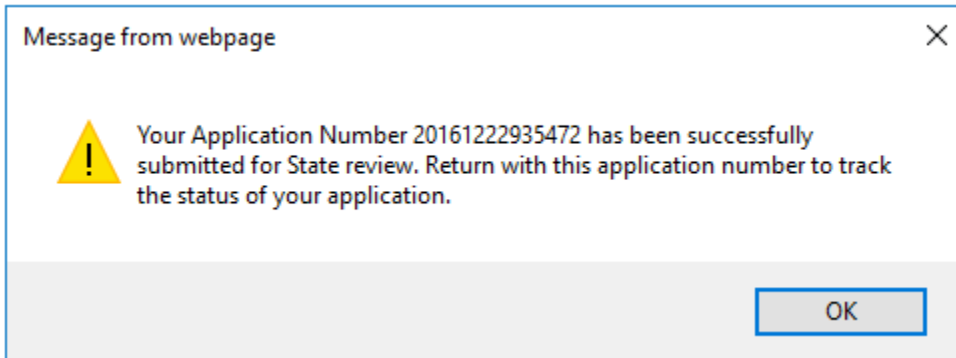
10. Miscellaneous
Provisions 3 and 8 shall survive termination of this Agreement.
The Trading Partner will notify MDHHS of any changes in trading partner information supplied including, but not limited to, the name of the service bureau, billing service, recipient of remittance file, or provider code at least 30 calendar days prior to the effective date of such change.

By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.

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 Melynda.Schaefer@sccmha.org and credentialing@sccmha.org so we may add you to the billing module as a rendering provider for SCCMHA.

Thanks in advance!

Network Services Procedure or Plan Manual Saginaw County Community Mental Health Authority		
Subject: Applying for your NPI Number or Updating your NPI with NPPES/CMS	Chapter: 09.04	Subject No: 09.04.05.06
Network Services and Public Policy		
Effective Date: 1/19/2021	Date of Review/Revision: 1/19/21, 3/10/21, 6/1/23, 3/14/24 Supersedes: 09.06.00.14	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy, and Continuing Education Authored By: Credentialing Coordinator Reviewed By: Credentialing Coordinator and Provider Network Auditing Supervisor

Purpose:

To assist staff with applying for their National Provider Identifier (NPI) number or updating their contact information with NPPES.

Application:

All Saginaw County Community Mental Health (SCCMHA) staff submitting Service Activity Logs (SALs) or Network providers submitting claims for payment through SCCMHA.

Policy:

None

Standards:

None

Definitions:

NPPES: National Plan & Provider Enumerator System

Taxonomy: Administrative code set for identifying the provider type and area of specialization for health care providers.

SALs: Service Activity Logs

References:

09.02.08.05.04 NPI Provider Procedure – Finance

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1. Staff or Provider is assigned to work and provide services to SCCMHA consumer.	1. Staff and/or supervisor.
2. Staff are required to apply for a National Provider Identifier (NPI)	2. Staff
3. Submission of NPI to Credentialing Coordinator for entry into SENTRI staff profile.	3. Staff and Credentialing Coordinator
4. If staff have an existing NPI and need to update your contact information. (Starts on page 21).	4. Staff and Credentialing Coordinator

Applying for your NPI number

Website is: <https://nppes.cms.hhs.gov/#/>

Step 1:

Create a new account

The screenshot shows the NPPES website interface. On the left, there is a 'Registered User Sign In' section with fields for 'User ID' and 'Password', and buttons for 'SIGN IN' and 'FORGOT USER ID OR PASSWORD?'. On the right, there is a 'Create a New Account' section. It includes a sub-section for 'Individual Providers, Organization Providers, Users working on behalf of a provider' with instructions on how to create or update an account. A red circle highlights the 'CREATE or MANAGE AN ACCOUNT' button at the bottom of this section.

Accept and click the submit (arrow button)

The screenshot shows the CMS Identity & Access Management System interface. At the top, the CMS logo and "Centers for Medicare & Medicaid Services" are displayed. Below this, the page title "Identity & Access Management System" and a "Help" link are visible. The main content area is a red-bordered box titled "Terms and Conditions". It contains several paragraphs of text regarding system access, privacy, and government monitoring. At the bottom of the box, there are two buttons: "Accept" (with a right-pointing arrow) and "Decline".

CMS Centers for Medicare & Medicaid Services
CENTERS FOR MEDICARE & MEDICAID SERVICES

Identity & Access Management System [? Help](#)

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Click on “Create Account Now” button

Important Announcement:
To better protect your information, we will be implementing Multi-Factor Authentication (MFA) in September 2019

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* indicates required field(s)

* **User ID:**

* **Password:**

Sign In

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your information. **Create Account Now**

 Use this system to register for Medicare or update your current enrollment information.

 Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.

 Use this system to apply for and manage National Provider Identifiers (NPIs).

Enter your email address, the text in the image (yours will be different than mine) & submit

The screenshot shows the 'User Registration' page of the CMS Identity & Access Management System. The page header includes the CMS logo and the text 'Centers for Medicare & Medicaid Services'. Below the header, the page title is 'Identity & Access Management System' and there is a 'Help' link. The main content area is titled 'User Registration' and contains the following elements:

- A note: "Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account."
- Fields for "E-mail Address:" and "Confirm E-mail Address:", both containing the text "lsantino@sccmha.org".
- An audio verification section with a "codeb" image and a "Listen to audio" link.
- A field for "Enter the text from the image above:".
- "Submit" and "Cancel" buttons.

On the right side of the page, there are two links for "Quick Reference Guide" and "Frequently Asked Questions", each accompanied by a PDF icon and a brief description of their content.

Enter the information required and click continue

Identity & Access System Quick Reference Guide

3. Enter the required data on the User Security page and select the **Continue** button. Security Questions and Answers cannot be duplicated. You must select 5 different questions, each having a unique answer (different from the other 4 answers).

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

User Registration - User Security

Step 1 User Security | Step 2 User Info | Final Review

* indicates required field(s)

*** User ID:**

*** Password:**

*** Confirm Password:**

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- ✗ Must be 8-12 alphanumeric characters.
- ✗ Must contain at least one letter.
- ✗ Must contain at least one number.
- ✗ Must contain at least one **valid special character**.
- ✗ Must not contain any invalid special characters.
- ✗ Must not start with numeric characters.
- ✗ Must not contain three repeating characters.
- ✗ Must not be the same as your User ID.
- ✗ Password must match Confirm Password.

Please select five different security questions and enter their answers below:

* Question 1: <input type="text" value="Select"/>	* Answer 1: <input type="text"/>
* Question 2: <input type="text" value="Select"/>	* Answer 2: <input type="text"/>
* Question 3: <input type="text" value="Select"/>	* Answer 3: <input type="text"/>
* Question 4: <input type="text" value="Select"/>	* Answer 4: <input type="text"/>
* Question 5: <input type="text" value="Select"/>	* Answer 5: <input type="text"/>

Enter the required information and click continue

Identity & Access System Quick Reference Guide

4. Enter the required data on the User Information page and select the **Continue** button.

CMS Centers for Medicare & Medicaid Services Logged in as johndoe1986 Sign Out

Identity & Access Management System Help

User Registration - User Information

Step 1 ✓ User Security Step 2 User Info Final Review

Please provide the details below. They will be used to verify your identity. [< Back to Previous Page](#)

* indicates required field(s)

* **First Name:**

Middle Name:

* **Last Name:**

Suffix:

* **Business Phone Number:**

Fax Number:

* **Date of Birth: (MM/DD/YYYY)**

* **SSN:**

Primary E-mail Address:
john.doe@email1.com

* **Personal Phone Number:**

* **Home Address Line 1:**

Home Address Line 2:

* **City:**

* **Country:**

* **State/ Province/ Territory:**

* **Postal/ZIP Code:**

Continue | [Cancel](#)

It will request you standardized your address, please click “Use Standardized Address” bubble and click the Continue button

Identity & Access System Quick Reference Guide

5. The system will attempt to standardize your address to meet USPS standards. If the standardized address is different from what you entered. The system will alert you. We encourage you to use the standardized address unless it is incorrect.

Select your address

⚠ Important Note: Your address has been standardized.
Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

Use Standardized Address:
719 W Holly Ave
Sterling, VA 20164-4621
United States

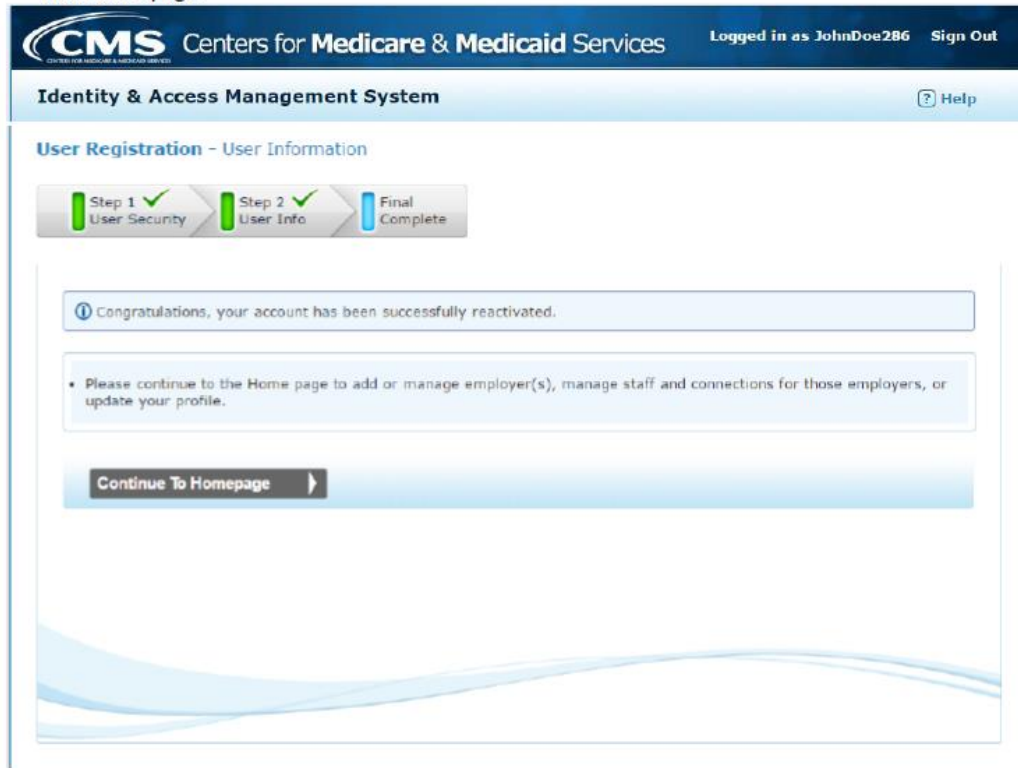
Use The Address I Entered:
719 W Holly Ave
Sterling, VA 20164
United States

Continue

You will receive this message, click on “Continue to Homepage”.

Identity & Access System Quick Reference Guide

6. Your registration is complete, select the **Continue to Homepage** button to be navigated to your I&A Home page.



Step 2:

Log in using the user name and password you established

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID

I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Click on **Apply for an NPI for myself**

National Provider System Main Page

Apply for a National Provider Identifier (NPI)

Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.

INDIVIDUAL PROVIDER **EMPLOYEE OR SURROGATE** **EMPLOYEE OR SURROGATE**

Apply for an NPI for myself Apply for an NPI for another Individual Apply for an NPI for an Organization

Manage Provider Information

You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions


Filter...

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
------	-----	---------------------	---------------------------	-----	------------------	--------	--------

You will need to provide the required information to verify your identification.

13% applic

Provider Profile

* Indicates Required fields.
Note: Fields with  icon will NOT be publicly available

Provider Name Information:

Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix: First: Middle: Last: Suffix:

Type of Other Name: Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: * TIN Type: * Tax Identification Number(TIN):

* State of Birth:(If U.S.) Country of Birth:

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Demographic Information(optional)

Ethnicity: <input checked="" type="radio"/> No, not of Hispanic, Latino/a or Spanish Origin <input type="radio"/> Yes, Hispanic, Latino/a or Spanish Origin	Race: <input checked="" type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander
--	---

Primary Language Spoken:
Secondary Language(s) Spoken: (Multiple languages can be selected)

Click on Next, then you will need to add a business mailing address.

The screenshot shows a web-based application form for NPI registration. At the top right, the user is identified as 'Linda Jo Santino' with a 'Sign Out' link. A progress bar at the top shows eight steps: 1. PROFILE (completed), 2. ADDRESS (current step), 3. HEALTH INFORMATION EXCHANGE, 4. OTHER IDENTIFIERS, 5. TAXONOMY, 6. CONTACT INFO, 7. ERROR CHECK, and 8. SUBMISSION. A blue bar under the 'ADDRESS' step indicates that 31% of the application is completed. The main content area is titled 'Address' and contains a note: 'This information will be used to contact the provider if we have questions about the NPI application.' Below this, there are two sections: 'Business Mailing Address (Correspondence Address)' with a sub-note 'This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.' and a blue button labeled 'ADD A BUSINESS MAILING ADDRESS'; and 'Practice Location (only one required)' with a sub-note 'This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.' and a blue button labeled 'ADD A PRACTICE LOCATION'. At the bottom, there are three buttons: 'PREVIOUS', 'NEXT', and 'SAVE & RETURN TO MAIN PAGE'.

Use 500 Hancock Street, Saginaw MI 48602-4224

SCCMHA staff: I would suggest using the main switchboard phone number 989-797-3400 and fax 989-799-0206 as they will send information or call to verify your information here at SCCMHA, if they do not reach someone they may not issue your NPI number.

Provider staff: Please use your main telephone and fax line for your agency as NPPES will send information or call to verify your information, if they do not reach someone, they may not issue your NPI number.

Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application

* Indicates Required fields.

Select Type of Address:

US Domestic
 Military
 Outside US / Foreign

This is my home address

* Mailing Address Line 1: (Street Number and Name or Post Office Box)

Mailing Address Line 2: (e.g., Apartment/Suite Number)

* City:
 * State:
 * Zip Code:
 Zip Ext:

Telephone Number:
 Extension:
 Fax Number:

Organization Name (Optional):

CANCEL
SAVE

Again, select the standardized address

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g., Apartment/Suite Number)

* City:
 * State:
 * Zip Code:
 Zip Ext:

Organization Name(Optional)

* Tell us why you don't want to use the standardized address(shown to your right)

USE INPUT ADDRESS
REVALIDATE ADDRESS

Your standardized address:

Saginaw County Mental Health
 500 Hancock St
 Saginaw, MI 48602-4224

ACCEPT STANDARDIZED ADDRESS

Now add your practice location (this will be the Hancock location for all SCCMHA staff)

The screenshot shows a progress bar at the top with 8 steps: 1. PROFILE (checked), 2. ADDRESS (active), 3. HEALTH INFORMATION EXCHANGE, 4. OTHER IDENTIFIERS, 5. TAXONOMY, 6. CONTACT INFO, 7. ERROR CHECK, 8. SUBMISSION. A green bar indicates "63% application completed".

The "Address" section contains the following information:

Business Mailing Address (Correspondence Address)
 This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.
 Saginaw County Mental Health
 500 Hancock St
 Saginaw, MI 48602 - 4224
 United States
 Phone: (989) 797-3400

Practice Location (only one required)
 This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Buttons at the bottom include: PREVIOUS, NEXT, and SAVE & RETURN TO MAIN PAGE.

Click same as mailing address and Save.

The "Business Practice Location" form includes the following fields and options:

- Select Type of Address:**
 - US Domestic
 - Military
 - Outside US / Foreign
- Same as mailing address
- This is my home address
- Primary practice location
- * Address Line 1: (Street Number and Name)**: 500 Hancock St
- * Telephone Number:** (989) 797-3400
- Extension:**
- Fax Number:** (989) 799-0206
- Address Line 2: (e.g., Apartment/Suite Number)**
- * City:** Saginaw
- * State:** MI - MICHIGAN
- * Zip Code:** 48602
- Zip Ext:** 4224
- Languages Spoken: (Multiple languages can be selected)**
 - English
 - Arabic/ العربية
 - Armenian/ Հայերեն
 - Bengali/ বাংলা
 - Chinese/ 中文
- Organization Name(Optional):**

Buttons at the bottom right: CANCEL and SAVE.



Click Next to continue

EDIT BUSINESS MAILING ADDRESS

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Primary Location...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input type="checkbox"/>	500 Hancock St	Saginaw	MI	US		English	 

ADD ANOTHER PRACTICE LOCATION

PREVIOUS

NEXT

Activate Windows

SAVE & RETURN TO MAIN PAGE

This is the Endpoint for Exchanging Health Care Information (optional)

Though it says optional, it is required to continue your application.

Please see the appropriate responses below.

Enter information, click Save and then Next.

The entered endpoint has been added.

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

For Additional information, please visit - <https://www.healthit.gov/topic/health-it-basics/health-information-exchange>

Endpoints should not include personal email information.

* Endpoint Type:	* Endpoint:	Endpoint Description:
CONNECT URL	<input type="text" value="https://www.sccmha.org"/>	<input type="text"/>
Endpoint Use:	Endpoint Content Type:	
Direct	CSV	
* Is the Endpoint affiliated to another organization?	* Endpoint Location:	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="500 Hancock St, Saginaw MI 48602-4224, US"/>	

Add New Endpoint Location

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.


CLEAR

SAVE

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

The next section is optional, please click next.

Enter taxonomy information, license number and State your license was issued in.

Linda Jo Santino | 


PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS **TAXONOMY** CONTACT INFO ERROR CHECK SUBMISSION 69% application completed


Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.
You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).
To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

You have indicated on the Provider Profile page that the Provider is a Sole Proprietor.

* Practice Type: 
 Not a Group Multi-Specialty Single Specialty Multiple Single Specialty

Choose Taxonomy Filter:  * Choose Taxonomy:
Filter by Taxonomy name or Taxonomy code. Choose Taxonomy

* Classification Name/Specialization: License Number: State Issued:

Once information is entered, click save and then next

The screenshot shows a progress bar at the top with steps: PROFILE (1), ADDRESS (2), HEALTH INFORMATION EXCHANGE (3), OTHER IDENTIFIERS (4), TAXONOMY (5), CONTACT INFO (6), ERROR CHECK (7), and SUBMISSION (8). Step 5, TAXONOMY, is currently active. A green bar indicates "69% application completed".

Taxonomy

Provider's Taxonomy Information.

INFO: Taxonomy
The taxonomy fields have been cleared.

* Indicates Required fields.
You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

You have indicated on the Provider Profile page that the Provider is a Sole Proprietor.

* Practice Type: Not a Group Multi-Specialty Single Specialty Multiple Single Specialty

Choose Taxonomy Filter: * Choose Taxonomy:

* Classification Name/Specialization: License Number: State Issued:

Add contact information, please use your contact information as they will be sending you an email with your NPI etc. to that email address.

The screenshot shows the progress bar with step 6, CONTACT INFO, currently active. A green bar indicates "75% application completed".

Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)
This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Enter info and click save and continue.

Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

Primary Contact Information

Contact Person is same as Myself ([Linda Santino](#))

Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.) Title/Position:

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:

CANCEL **SAVE**

Review your information as needed, then click next.

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile

COMPLETED: Profile
No Errors Found **REVIEW**

Step 2: Address

COMPLETED: Address
No Errors Found **REVIEW**

Step 3: Health Information Exchange

COMPLETED: Health Information Exchange
No Errors Found **REVIEW**

Step 4: Other Identifiers

COMPLETED: Other Identifiers
No Errors Found **REVIEW**

Step 5: Taxonomy

COMPLETED: Taxonomy
No Errors Found **REVIEW**

Step 6: Contact Information

COMPLETED: Contact Information
No Errors Found **REVIEW**

PREVIOUS **NEXT**

Activate Windows
SAVE & RETURN TO MAIN PAGE

Last is submission of your application for your NPI, click “I certify” And submit button.

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION 8

100% application completed

Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#).
- I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:


18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

← PREVIOUS SUBMIT

Activate Windows
SAVE & RETURN TO MAIN PAGE

Print this page for your record. Your application number will be different.



Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is :** 08272019400050

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the [FAQ Menu](#).


If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Provider Name: Linda Santino
Contact Person: Linda Santino
Primary Practice Location Address: Saginaw County Mental Health, 500 Hancock St, Saginaw MI 48602-4224, US
SSN: XXX-XX-8096
Date Submitted: Aug-27-2019
Contact Email: lsantino@sccmha.org

To print this page for your reference, click:

[PRINT THIS PAGE](#)

Please Note: This page printout may contain sensitive information.
To View or print this application click:


[VIEW PRINTER FRIENDLY VERSION OF APPLICATION](#) 

NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)
By e-mail: customerservice@npienumerator.com

Activate Windows

You are done.

If you run into issues and have trouble completing your application or it errors suggesting you may already have a log in and password; please contact NPPES directly for help.



NPI Enumerator Contact Information

CMS has contracted with TurningPoint Global Solutions, LLC, to serve as the NPI Enumerator.

The NPI Enumerator is responsible for dealing with providers on issues relating to unique identification. Enumerator staff will be available to assist health care providers with questions regarding the processing of an NPI application. Please note that Enumerator staff will not be able to assist with questions such as which of your subparts should receive NPIs or where NPIs are to be placed in claims transactions.

Questions related to NPI legislation and regulation or other HIPAA-related matters cannot be answered by the Enumerator.

Questions regarding the use of the NPI in health plan billing should be directed to the individual health plans.

The NPI Enumerator may be contacted as follows:

By Phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

By E-mail:
customerservice@npienumerator.com

By Mail:
NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

UPDATING YOUR INFO WITH NPPES

To update your contact information or any changes with [NPPES](#) (if you already have an NPI number with NPPES). If your taxonomy code changed, please submit the changes using this form. **Mail this completed form to: NPI Enumerator, 7125 Ambassador Rd Ste 100, Windsor Mill MD 21244-2751**

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

INSTRUCTIONS FOR COMPLETING THE NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please PRINT or TYPE all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide pages 3, 4, and 5 with complete and accurate information may cause your application to be returned and delay processing of your application. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. **Please note: Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) information should only be listed in block 18 or block 19 of this form. DO NOT report SSN or ITIN information in any other section of this application form.**

This application is to be completed by, or on behalf of, a health care provider or a subpart seeking to obtain an NPI. (See 45 CFR 162.408 and 162.410 (a) (1).)

SECTION 1: BASIC INFORMATION (This section is to identify the reason for submittal of this form and the type of entity seeking to obtain an NPI.)

A. Reason for Submittal of this Form

This section identifies the reason the health care provider is submitting this form. (Required)

1. Initial Application

If applying for a NPI for the first time check box #1, and complete appropriate sections as indicated in Section 1B for your entity type.

2. Change of Information

If changing information, check box #2, write your NPI in the space provided. See the instructions in Section 4, then sign and date the certification statement in Section 4A or 4B. All changes must be reported to the NPI Enumerator within 30 days of the change. Please ensure that your NPI is legible and correct. Complete Section 5 so that we may contact you in the event of problems processing this form. Please note that some changes, such as a change to a health care provider's date of birth, require a photocopy of the health care provider's U.S. driver's license or birth certificate to be submitted along with the form for verification purposes.

3. Deactivation

If you are deactivating the NPI, check box #3. Record the NPI you want to deactivate, indicate the reason for deactivation, and complete Section 2. Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary. Please note that deactivations due to death must be completed and signed in Section 4 by the Power of Attorney or Executor of the Will. In addition, a copy of the death certificate or obituary must accompany the completed signed form.

4. Reactivation

If you are reactivating the NPI, check box #4. Record the NPI you want to reactivate, provide the reason for reactivation, and complete Section 2. Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary.

B. Entity Type (Check only one box) (Required for initial applications)

- **Entity Type 1:** Individuals who render health care or furnish health care to patients; e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists. Incorporated individuals may obtain NPIs for themselves (Entity Type 1 Individual) if they are health care providers and may obtain NPIs for their corporations (Entity Type 2 Organization). A sole proprietorship is an Entity Type 1 (Individual). (A sole proprietorship is a form of business in which one person owns all the assets of the business and is solely liable for all the debts of the business in an individual capacity. Therefore, sole proprietorships are not organization health care providers.) Note that sole proprietorships may obtain only one NPI. Sole proprietorships must report their SSNs (not EINs even if they have EINs). Virtually any health care provider could be a sole proprietorship, including most of the examples listed in Entity Type 2.
- **Entity Type 2:** Organizations that render health care or furnish health care supplies to patients; e.g., hospitals, home health agencies, ambulance companies, group practices, health maintenance organizations, durable medical equipment suppliers, pharmacies. Solely owned corporations that are health care providers obtain NPIs as Entity Type 2. If the organization is a subpart, check yes and furnish the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider. (A subpart is a component of an organization health care provider. A subpart may be a different location or may furnish a different type of health care than the organization health care provider. For ease of reference, we refer to that organization health care provider as the "parent".)

SECTION 2: IDENTIFYING INFORMATION

A. Individual (includes Sole Proprietorships and Incorporated Individuals)

NOTE: An individual may obtain only one NPI, regardless of the number of taxonomies (specialties), licenses, or business practice locations he/she may possess. SSN or ITIN information should only be listed in block 18 or block 19, respectively, of this form. **DO NOT** report SSN and ITIN information in any other section of this form. A sole proprietorship is an individual.

Name Information

1-6. Provide your full legal name. (Required first and last name) Do not use initials or abbreviations. If you furnish your SSN in block 18, this name must match the name on file with the Social Security Administration (SSA). The date of birth must also match that on the file with SSA.

Other name information

7-12. If you have used another name, including a maiden name, supply that "Other Name" in this area. (Optional) You may include multiple credentials.

13. Mark the check box to indicate the type of "Other Name" you used. (Required if 7-12 are completed)

14-16. Provide the date (Required), State (Required), and country (Required, if other than U.S.) of your birth. Do not use abbreviations other than United States (U.S.).

17. Indicate your gender. (Required)

18. Furnish your Social Security Number (SSN) for purposes of unique identification. (Optional) If you furnish your SSN, this name must match the name and date of birth on file with the Social Security Administration (SSA). If you do not furnish your SSN, processing of your application may be delayed because of the difficulty of verifying your identity via other means; you may also have difficulty establishing your proper identity with insurers from which you receive payments. If you are not eligible for an SSN, see item #19. If you do not furnish your SSN, you must furnish 2 proofs of identity with this application form. Acceptable forms include: valid passport, birth certificate, a photocopy of your U.S. driver's license, State issued identification, or information requested in item 19. Visas and Employer Identification Cards are NOT acceptable.

19. If you do not qualify for an SSN, furnish your IRS Individual Taxpayer Identification Number (ITIN) along with a photocopy of your U.S. driver's license, State issued ID, birth certificate or passport. You may not report an ITIN if you have an SSN. Do not enter an Employer Identification Number (EIN) in the ITIN field. **NOTE:** Your valid passport, birth certificate, photocopy of the U.S. driver's license or State issued identification must accompany your ITIN. If you do not furnish the information requested in blocks 18 or 19, you must furnish 2 proofs of identity with this application form: valid passport, birth certificate, a valid photocopy of your U.S. driver's license or State issued identification. Visas and Employer Identification Cards are NOT acceptable.

Examples of individuals who need ITINs include:

- Non-resident alien filing a U.S. tax return and not eligible for an SSN;
- U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN;
- Dependent or spouse of a U.S. citizen/resident alien; and
- Dependent or spouse of a non-resident alien visa holder.

B. Organizations (Includes Groups, Corporations and Partnerships)

- 1-2. Provide your organization's or group's name (legal business name used to file tax returns with the IRS) and EIN (assigned by the IRS) (Required)
Please Note: If you are applying for an NPI for a subpart and the subpart does not have its own EIN, please submit the LBN and EIN for the parent organization in Sections 2B1 and 2B2 and submit the subpart name in Section 2B3. If the subpart has its own LBN and EIN (separate from the parent's LBN and EIN), then the subpart should submit the subpart's LBN and EIN in Section 2B1 and 2B2. In both cases, the subpart should check 'Yes' to the subpart question in Section 1B2.
3. If your organization or group uses or previously used another name, supply that "Other Name" in this area. (Optional)
4. Mark the check box to indicate the type of "Other Name" used by your organization. (D/B/A Name=Doing Business As Name.) (Required if 3 is completed.)

NOTE: A sole proprietorship does not complete this section; he/she completes Section A.

SECTION 3: ADDRESSES AND OTHER INFORMATION

A. Correspondence Mailing Address Information (Required)

This information will assist us in contacting you with any questions we may have regarding your application for an NPI or with other information regarding NPI. You must provide an address and telephone number where we can contact you directly to resolve any issues that may arise during our review of your application. Do not report your residential address in this section unless it is also your business mailing address.

B. Business Practice Location Information (Required)

Provide information on the address and telephone number of your primary practice location. If you have more than one practice location, select and enter the address of your "primary" location. Do not furnish information about additional locations on additional sheets of paper. Do not report your residential address in this section unless it is also your business practice location.

C. Other Provider Identification Numbers (Optional)

To assist health plans in matching your NPI to your existing health plan assigned identification number(s), you may wish to list the provider identification number(s) you currently use that were assigned to you by health plans. If you do not have such numbers, you are not required to obtain them in order to be assigned an NPI. Organizations should only furnish other provider identification numbers that belong to the organization; do not list identification numbers that belong to health care providers who are individuals who work for the Organizations. DO NOT report SSN, ITIN, or EIN information in this section of the form.

D. Provider Taxonomy Code (Provider Type/Specialty) and License Number Information (Required)

Provide your 10-digit taxonomy code. You must select a primary taxonomy code in order to facilitate aggregate reporting of providers by classification/specialization. If you need additional taxonomy codes to describe your type/classification/specialization, you may select additional codes. Information on taxonomy codes is available at <http://www.wpc-edl.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/>.

Furnish the provider's health care license, registration, or certificate number(s) (if applicable). If issued by a State, show the State that issued the license/certificate. The following individual practitioners are required to submit a license number. (If you are a resident or intern and do not have a license or certificate, you may select the Student in an Organization Health Care Education/Training Program taxonomy code.) (If you are one of the following and do not have a license or certificate, you must enclose a letter to the Enumerator explaining why not):

Certified Registered Nurse Anesthetist	Clinical Psychologist	Nurse Practitioner	Physician/Osteopath
Chiropractor	Dentist	Optometrist	Podiatrist
Clinical Nurse Specialist	Licensed Nurse	Pharmacist	Registered Nurse

You may use the same license, registration, or certification number for multiple taxonomies; e.g., if you are a physician with several different specialties. Do not include SSN, ITIN, EIN or NPI in this section. Do not list credentials as a taxonomy description, be specific.

NOTE: A health care provider that is an organization, such as a hospital, may obtain an NPI for itself and for any subparts that it determines need to be assigned NPIs. In some cases, the subparts have Provider Taxonomy Codes that may be different from that of the hospital and of each other, and each subpart may require separate licensing by the State (e.g., General Acute Care Hospital and Psychiatric Unit). If the organization provider chooses to include these multiple Provider Taxonomy Codes in a request for a single NPI, and later determines that the subparts should have been assigned their own NPIs with their associated Provider Taxonomy Codes, the organization provider must delete from its NPPE record any Provider Taxonomy Codes that belong to the subparts who will be obtaining their own NPIs. The organization provider must do this by initiating the Change of Information option on this form.

SECTION 4: CERTIFICATION STATEMENT (Required)

This section is intended for the applicant to attest that he/she is aware of the requirements that must be met and maintained in order to obtain and retain an NPI. This section also requires the signature and date of signature of the "Individual" who is the type 1 provider, or the "Authorized Official" of the type 2 organization who can legally bind the provider to the laws and regulations relating to the NPI. See below to determine who within the provider qualifies as an Authorized Official. Review these requirements carefully.

Authorized Official's Information and Signature for the Organization

By his/her signature, the authorized official binds the organization provider/supplier to all of the requirements listed in the Certification Statement and acknowledges that the organization provider may be denied a National Provider Identifier if any requirements are not met. This section is intended for organization providers; not health care providers who are individuals. All signatures must be original. Stamps, faxed or photocopied signatures are unacceptable. You may include multiple credentials.

An authorized official is an appointed official with the legal authority to make changes and/or updates to the organization provider's status (e.g., change of address, etc.) and to commit the organization provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, direct owner of 5 percent or more of the organization provider being enumerated, or must hold a position of similar status and authority within the organization.

Only the authorized official(s) has the authority to sign the application on behalf of the organization provider.

By signing this application for the National Provider Identifier, the authorized official agrees to immediately notify the NPI Enumerator if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the NPI Enumerator of any changes to the information contained in this form within 30 days of the effective date of the change.

SECTION 5: CONTACT PERSON (Required)

Please note that if a contact person is not provided, all questions about this application will be directed to the health care provider named in Section 2 or the authorized official named in Section 4, as appropriate. The contact person will receive the NPI notification once the health care provider has been assigned an NPI. You may include multiple credentials.

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please **PRINT** or **TYPE** all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide pages 3, 4 and 5 with complete and accurate information may cause your application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. Information submitted on this application (except for Social Security Number, IRS Individual Taxpayer Identification Number, and Date of Birth) may be made available on the internet.

SECTION 1: BASIC INFORMATION

A. Reason for Submittal of this Form (Required) (Only provide one Reason for Submittal and/or NPI per form. Use additional forms if necessary.)

- | | |
|--|--|
| <p>1. <input type="checkbox"/> Initial Application*
(*Denotes required field for initial application only.)</p> <p>2. <input type="checkbox"/> Change of Information (See instructions)
NPI: (Required) _____</p> <p>Only complete the appropriate sections with the information that is changing. If removing information, please indicate within the appropriate field(s) by writing 'Remove'.</p> | <p>3. <input type="checkbox"/> Deactivation (See Instructions)
NPI: (Required) _____</p> <p>Deactivation Reason: (Check only one box) (Required)
 <input type="checkbox"/> Death <input type="checkbox"/> Business Dissolved
 <input type="checkbox"/> Other, Specify: (See Instructions) _____</p> <p>4. <input type="checkbox"/> Reactivation (See Instructions)
NPI: (Required) _____</p> <p>Reactivation Reason: (Required) _____</p> |
|--|--|

B. Entity Type (Check only one box) (Required for initial applications only) (See Instructions)

1. An individual who renders health care. (Complete Sections 2A, 3, 4A and 5 only)
- Is the individual a sole proprietor? (See Instructions) Yes No
2. An organization that renders health care. (Complete Sections 2B, 3, 4B and 5 only)
- Is the organization a subpart? (See Instructions) Yes No
 - If yes, enter the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider:
 Parent Organization LBN: _____
 Parent Organization TIN: _____

SECTION 2: IDENTIFYING INFORMATION

A. Individuals (includes Sole Proprietorships and Incorporated Individuals)

1. Prefix (e.g., Mr., Mrs.)	2. First*	3. Middle	4. Last*
5. Suffix (e.g., Jr., Sr.)	6. Credential (e.g., M.D., D.O.)		

Other Name Information (If applicable. Use additional sheets of paper if necessary)

1. Prefix (e.g., Mr., Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)	6. Credential (e.g., M.D., D.O.)		

13. Type of Other Name
 Former Name Professional Name Other

14. Date of Birth* (mm/dd/yyyy)	15. State of Birth* (U.S. only)	16. Country of Birth* (If other than U.S.)	17. Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
18. Social Security Number (SSN) (See Instructions)		19. IRS Individual Taxpayer Identification Number (ITIN) (See Instructions)	

B. Organizations (includes Groups, Corporations and Partnerships) (Do not report an SSN in the EIN field.)

1. Name* (Legal Business Name)	2. Employer Identification Number* (EIN)
3. Other Name (if applicable see instructions)	4. Type of Other Name <input type="checkbox"/> Former Legal Business Name <input type="checkbox"/> D/B/A Name <input type="checkbox"/> Other

SECTION 3: BUSINESS ADDRESSES AND OTHER INFORMATION

A. Correspondence Mailing Address Information

(Do not report your residential address unless it is also your Business Mailing Address.)

1. Correspondence Mailing Address Line 1* (Street Number and Name or P.O. Box)			
2. Correspondence Mailing Address Line 2 (Address Information; e.g., Suite Number)			
3. City/Town*	4. State/Territory*	5. ZIP or Foreign Postal Code*	6. +4
7. Correspondence Country Name (if outside U.S.)			
8. Correspondence Telephone Number (Include Area Code)	9. Extension	10. Correspondence Fax Number (Include Area Code)	

B. Business Practice Location Information

(Do not report your residential address unless it is also your Business Practice Location.)

1. Business Primary Practice Location Address Line 1* (Street Number and Name – P.O. Boxes Not Acceptable)			
2. Business Primary Practice Location Address Line 2 (Address Information; e.g., Suite Number)			
3. City/Town*	4. State/Territory*	5. ZIP or Foreign Postal Code*	6. +4
7. Business Country Name (if outside U.S.)			
8. Business Telephone Number* (Include Area Code)	9. Extension	10. Business Fax Number (Include Area Code)	

C. Other Provider Identification Numbers (Use additional sheets of paper if necessary)

Do not include SSN, ITIN, EIN, NPI, any Medicare numbers, or any provider license numbers in this section. If you are removing identification numbers, please check the appropriate "Delete" box and provide 'Identification Number' and 'State/Territory where issued' information being deleted.

	Delete	Identification Number	State/Territory where issued (If applicable)
Medicaid (State information required)	<input type="checkbox"/>		
Other (Non-Medicare), Specify:	<input type="checkbox"/>		

D. Provider Taxonomy Code (Provider Type/Specialty) and License Number Information

Do not include SSN, ITIN, EIN or NPI in this section.

Information on provider taxonomy codes is available at: <http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/>.

See instructions for assistance with completing this section. If you are removing taxonomy codes, please check the appropriate 'Delete' box and provide the 'Taxonomy Code' and 'State/Territory where issued' information being deleted.

Taxonomy Code (list primary first)	Delete	License Number (If applicable)	State/Territory where issued (If applicable)
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Penalties for Falsifying Information on the National Provider Identifier (NPI) Application/Update Form

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

SECTION 4: CERTIFICATION STATEMENT (See Instructions)

I, the undersigned, certify to the following:

- This form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 160.103.
- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.
- I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.
- I have read and understand the Privacy Act Statement.

****All signatures must be original and signed in ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.****

A. Individual Practitioner's Signature (Required for Type 1 Individuals ONLY.)

1. Practitioner's Signature (Required for Type 1 Individuals ONLY.)* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)	2. Date* (mm/dd/yyyy)
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B. Authorized Official's Signature for the Organization (Required for Type 2 Organizations ONLY.)

1. Authorized Official's Signature (Required for Type 2 Organizations ONLY.)* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		2. Date* (mm/dd/yyyy)	
3. Prefix (e.g., Mr., Mrs.)	4. First*	5. Middle	6. Last*
7. Suffix (e.g., Jr., Sr.)	8. Credential (e.g., M.D., D.O.)	9. Title/Position*	
10. Telephone Number* (Include Area Code)	11. Extension		

SECTION 5: CONTACT PERSON

Contact Person's Information

Provide the name and telephone number of an individual who can be reached to answer questions regarding the information you furnished in this application. The contact person can be the health care provider. (See Instructions)

1. Prefix (e.g., Mr., Mrs.)	2. First*	3. Middle	4. Last*
5. Suffix (e.g., Jr., Sr.)	6. Credential (e.g., M.D., D.O.)	7. Title/Position	
8. E-Mail Address	9. Telephone Number* (Include Area Code)	10. Extension	

For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address: <https://nppes.cms.hhs.gov>. NPI web is a quick and easy way for you to get your NPI. Or send the completed signed application to: NPI Enumerator, 7125 Ambassador Rd. Ste 100 Windsor Mill, MD 21244

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the NPI Enumerator at 1-800-465-3203.

Privacy Act Statement

Section 1173 of the Social Security Act authorizes the adoption of a standard unique health identifier for all health care providers who conduct electronically any standard transaction adopted under 45 CFR 162. The purpose of collecting this information is to assign a standard unique health identifier, the National Provider Identifier (NPI), to each health care provider for use on standard transactions. The NPI will simplify the administrative processing of certain health information. Further, it will improve the efficiency and effectiveness of standard transactions in the Medicare and Medicaid programs and other Federal health programs and private health programs. The information collected will be entered into a new system of records called the National Provider System (NPS), HHS/HCFA/OIS No. 09-70-0008. In accordance with the NPPES Data Dissemination Notice (CMS-6060), published May 30, 2007, certain information that you furnish will be publicly disclosed. The NPPES Data Dissemination Notice can be found at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/Downloads/NPPES_FOIA_Data-Elements_062007.pdf.

Failure to provide complete and accurate information may cause the application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you furnished on the form. (See the instructions for completing the NPI application/update form to find the information that is voluntary or mandatory.)

Information may be disclosed under specific circumstances to:

1. The entity that contracts with HHS to perform the enumeration functions, and its agents, and the NPS for the purpose of uniquely identifying and assigning NPIs to providers.
2. Entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.
3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its programs.
5. The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
 - a. HHS, or any component thereof, or
 - b. Any HHS employee in his or her official capacity; or
 - c. Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or
 - d. The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.
7. An individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.
8. An Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated data processing (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.
9. An agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.
10. Another Federal or State agency
 - a. As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.
 - b. For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

Network Services Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Tracking and Credentialing for Student Interns	Chapter: Network Services	Subject No: 09.04.05.07
Network Services & Public Policy		
Effective Date: 10/24/2023	Date of Review/Revision: 3/14/24	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education Authored By: Melynda Schaefer and Cassandra Ward Reviewed By: Melynda Schaefer and Cassandra Ward
	Supersedes:	

Purpose:

To ensure all Students Interns can complete services and bill according to Medicaid guidelines. Students Interns must be tracked in Senti II to ensure the appropriate supervisor NPI is used for billing purposes. Additionally, to ensure once a student internship is completed, the “Use Supervisor NPI” box is unchecked in Senti.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that all persons providing care and treatment for individuals with disabilities served by the SCCMHA provider network, including DCO’s will be properly credentialed. It is further the policy of SCCMHA that all documents including electronically generated documents include staff signatures and staff credentials as part of the electronic signature. Student Interns will be utilized in an effort to grow the workforce and to provide mental health services to consumers of SCCMHA services.

Application:

This procedure applies to all service delivery programs, both board operated (SCCMHA) and contracted network providers including Designated Collaborating Organizations (DCO’s), and to any staff members who provide services that are recorded in the consumer electronic medical record and need to be signed electronically. This also applies to any services that are billed by SCCMHA to other funding sources where signatures and credentials are required.

Standards:

None

Definitions:

Sentri II: SCCMHA’s electronic health record for all consumer files served by SCCMHA board operated and Contracted Network Providers.

DCO: Designated Collaborating Organization- a formal relationship with a provider to provide services for a Certified Community Behavioral Health Clinic (CCBHC) care.

Student Intern: A student intern is an individual who is currently enrolled in a health profession training program for psychology, social work, counseling, or marriage and family therapy that has been approved by the appropriate board, is performing the duties assigned in the course of training and is appropriately supervised according to the standards set by the appropriate board and the training program. Social work student interns must be pursuing a master’s degree in social work and be supervised by a Licensed Master's Social Worker in a manner that meets the requirements of a Council on Social Work Education (CSWE) accredited education program curriculum that prepares an individual for licensure. Michigan Department of Health and Human Services Medicaid Provider Manual Version Behavioral Health and Intellectual and Page C3 Date: October 1, 2023, Developmental Disability Supports and Services Non-Physician Behavioral Health Appendix Student interns, graduates and temporary or educational limited licensed providers are not eligible (revised per bulletin MMP 23-02) to enroll or be directly reimbursed by Medicaid. Services should be billed to Medicaid under the National Provider Identifier (NPI) of the supervising provider.

References:

- SCCMHA Procedure 09.04.03.01 Credentialing of SCCMHA Providers and Staff
- SCCMHA Policy 05.06.01 Network Management and Development
- SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network
- SCCMHA Policy 05.06.03.01 Credentialing and Recredentialing of SCCMHA Providers and Staff
- SCCMHA Policy 05.06.03.03 Specialty Behavioral Health Credentialing & Supervision Requirements
- MDHHS Medicaid Provider Manual
- Michigan CCBHC Demonstration Handbook.

Exhibits:

None

Procedure:

ACTION

RESPONSIBILITY

<p><u>Board Operated:</u> SCCMHA/Credentialing Coordinator receives notice of new Student Intern via HR activation/deactivation list.</p>	<p>Credentialing Coordinator and SCCMHA Human Resources</p>
<p>Contact HR for any credentialing documents, to input into Sentri II.</p>	<p>Credentialing Coordinator</p>
<p>Once Sentri II account has been created, upload any and all credentialing documents provided and inputs Student Intern into signature credential line.</p>	<p>Credentialing Coordinator</p>
<p>In Sentri II Credentialing Coordinator checks the “Use Supervisor NPI” in Sentri II for billing purposes.</p>	<p>Credentialing Coordinator</p>
<p>Updates Student Intern booklet in the credentialing tracker of new person or persons.</p>	<p>Credentialing Coordinator</p>
<p>Upon completion of student internship, end dates the credential in Sentri II.</p>	<p>Credentialing Coordinator and Supervisor overseeing Student Intern.</p>

Provider Network:

SCCMHA/Credentialing Coordinator receives Workflow notification of Student Intern. Credentialing Coordinator approves WorkFlow and saves any documents the WorkFlow creator may have attached.

Once Sentri II account has been created, Credentialing Coordinator uploads any and all credentialing documents provided and inputs Student Intern into signature credential line.

In Sentri II Credentialing Coordinator checks the "Use Supervisor NPI" in Sentri II for billing purposes.

Updates Student Intern booklet in the credentialing tracker of new person or persons.

Upon completion of student internship, end dates the credential in Sentri II.

Credentialing Coordinator

Credentialing Coordinator

Credentialing Coordinator

Credentialing Coordinator

Credentialing Coordinator and Supervisor of Student Intern