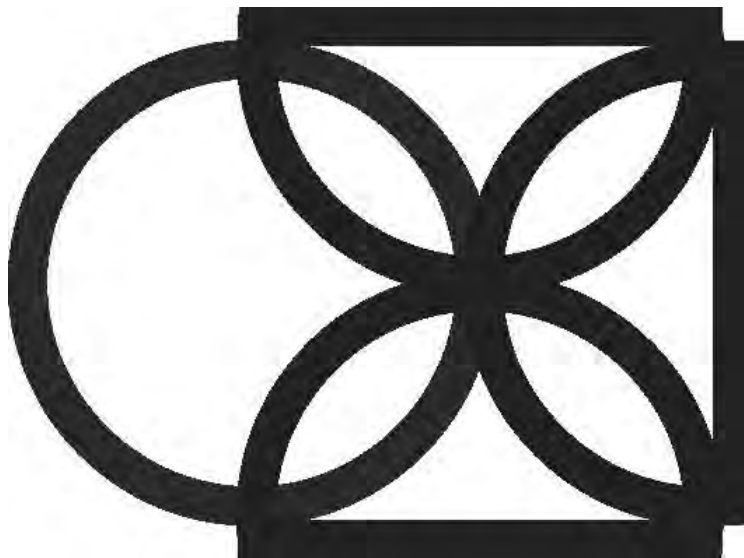


Saginaw County Community Mental Health Authority (SCCMHA)

Network Services Provider Manual



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

January Update
Fiscal Year 2023

Provider Manual Update - January 2023

Included are the updated policies and procedures since the October 2022 Provider Manual Update


					Licensed Residential/Crisis Residential	Enhanced Health Services/Autism (speech, behavioral, ot)	Inpatient	Crisis/CAI/MUTT	Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/ Wraparound/Integrated Care)	Community Living Supports/ CLS Per Diem/Respite Services	Skill Build/Supported Employment/Clubhouse/Drop-In	Fiscal Intermediaries/Pharmacy/LEP
Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
N/A	Tab 1 Introduction to SCCMHA - No Updates											
5	Tab 2 Eligibility & Care Management											
6	02.03.19	LOCUS	Many language changes related to changes with MDHHS. Changed frequency of completing the LOCUS from annually to quarterly . Changed scoring to match what is in the latest LOCUS manual. Exhibit A was modified to match the LOCUS manual.	10/21/2022	X	X	X	X	X	X	X	X
11	03.01.06	Diagnosis in Medical Record Billing and Reporting	Removed Axial diagnosis references as we moved from this about two years ago. Took out references to meaningful use.	10/11/2022	X	X	X	X	X	X	X	X
15	09.06.00.13	Case Transfer	Review only.	10/24/2022				X	X			
N/A	Tab 3 Services & Protocols - No Updates											
38	Tab 4 Service Delivery											
39	02.03.09.04	Dialectical Behavior Therapy (DBT)	Added information about Prolonged Exposure Therapy as part of the DBT process. Added Prolonged Exposure definition. Added additional references.	7/13/2022		X	X	X	X			

[illegible]

[illegible]

Tab 2

Eligibility & Care Management

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: LOCUS	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.03.19
Effective Date: 4/1/10	Date of Review/Revision: 5/8/12, 6/1/13, 6/10/13, 3/14/17, 5/8/18, 9/10/19, 12/2/20, 10/21/22	Approved By: Sandra M. Lindsey, CEO Responsible Director: Executive Director of Clinical Services Authored By: Mary Baukus Additional Reviewers: Jennifer Keilitz, Care Management Staff, John Burages, Nancy Johnson, Valerie Toney
	Supersedes: 03.01.01.01	
		

Purpose:

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

Policy:

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

Application:

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

Standards:

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

Definitions:

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

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

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

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

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

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

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

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

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

References:

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

Exhibits:

Exhibit A: SCCMHA LOCUS Eligibility and Resource Intensity Matrix


Procedure:

ACTION	RESPONSIBILITY
1. MDHHS shall purchase the license to use the LOCUS from Deerfield Behavioral Health Systems as implemented through PCE in the Sentri, electronic medical record.	1. Network Services and Information Systems Depts.
2. Staff complete required Deerfield online training and submit proof to the Continuing Education Department. <ol style="list-style-type: none"> a. Crisis staff may complete the Improving MI Practices LOCUS training in lieu of the Deerfield training. 	2. Clinical staff who complete LOCUS
3. The SCCMHA Continuing Education Department will schedule advanced LOCUS training biannually or as needed.	3. Continuing Education Dept.
4. The LOCUS will be reviewed by a Care Management Specialist for initial and ongoing eligibility determination. The LOCUS score is never used as a sole determinant of eligibility or continuing stay; it is considered in the context of diagnosis, assessment and consumer needs as described by the consumer.	4. Central Access & Intake Specialist, Care Management Specialist
5. The LOCUS will be scored by the Crisis Intervention Service therapist as a part of the	5. Crisis Intervention Service

<p>inpatient preadmission screening.</p> <ol style="list-style-type: none"> 6. All acute care admissions are the clinical judgment of the Crisis Clinician who may override the LOCUS recommendation with documented rationale. 7. Other clinicians who score the LOCUS, such as Central Access and Intake Specialists or Case Holders, may also override the LOCUS, based on clinical judgement and well-documented clinical rationale. Overrides should be rare. 8. The Care Management specialist may override the LOCUS disposition if the presenting consumer's needs indicate that a different level of resource intensity is required. 9. The Care Management Specialist will also request a LOCUS when a level of care change is requested, or at the occurrence of a continuing stay review in targeted Utilization Management projects. 10. Case Holders will update LOCUS every three months. 11. If a consumer requests a Medicaid fair hearing for appeal or grievance or Local Dispute Resolution regarding a level of care decision; SCCMHA representative will present the LOCUS score and other supporting documentation to the consumer, Appeals Coordinator, and/or administrative law judge. 	<ol style="list-style-type: none"> 6. Crisis Intervention Services 7. Clinical staff who complete LOCUS. 8. Care Management Department 9. Care Management Specialist and Care Management Conference. 10. Case Holders 11. Manager of Utilization Care Authorizations.
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Exhibit A

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

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

Purpose:

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

Policy:

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

Application:

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

Standards:

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

2. **Meaningful Use Certified EHR:** The SCCMHA electronic medical record shall be a meaningful use certified product based on the current federal and state Health IT Certification Criteria.
3. **Electronic Billing and Claims Payment:** SCCMHA shall submit claims using ICD10 diagnosis codes which are derived from the electronic health record.

Definitions:

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

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

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

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

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

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

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

Mental Health Professional (Adult): [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.

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

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

References:

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

Exhibits:

None

Procedure:

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

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

Clinical Services Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Case Transfer	Chapter: 09.06.00 - Clinical Services	Subject No: 09.06.00.13
Clinical Services		
Effective Date: 1/1/2015	Date of Review/Revision: 1/1/15, 5/2/16, 3/17/17, 3/1/18, 3/21/19, 2/10/20, 3/17/21, 10/24/22	Approved By: Kristie Wolbert, Executive Director of Clinical Services Authored By: Executive Director of Clinical Services Reviewed By: Clinical Directors
	Supersedes:	

Purpose:

To assure continuity of care when a case is transferred from one staff to another and to set standards to assure that all the informational and document requirements for the transferring and receiving of cases are completed.

Application:

All SCCMHA contracted and board operated clinical staff

Policy:

It is the policy of Saginaw County Community Mental Health Authority that the transfer of consumer cases from one case holder to another shall occur in a manner that is trauma informed and results in minimal distress for the consumer.

Standards:

The transfer of cases between units or providers is through Care Management.

The transfer of cases between staff within a unit or provider will be done through the Supervisor.

When a transfer of cases occurs, the primary concern is the impact of the transfer on the consumer, with the consumer's well-being of utmost priority.

The transfer of cases will be done in a trauma-informed manner with the goal of causing minimal distress for the consumer.

The transfer of cases will be done in a professional, collaborative, and cooperative manner by all staff involved in the manner.

When a case is being transferred between units or providers, the transfer will include a discussion between the supervisors of those teams. The supervisor transferring the case will initiate the transfer by completing a “Level of Care Change” form and submitting it to the teams assigned Care Management Specialist.

A consumer will continually be assigned to a staff to contact during the transfer process.

It is the responsibility of the transferring staff to have all necessary information and documents current and complete prior to the transfer, and when feasible, to communicate with the receiving staff any additional pertinent information regarding the case. This includes the minimum quality data set and ability to pay assessment. Please see Member Enrollment, Transfer/Discharge, Quality Data and Case Service Status policy number 05.04.02.

Definitions:

Case Transfer: The transfer of consumer care from one case holder to another.

Case Holder: This is a term that refers to the primary record holder or the person assigned to the care of the case in Sentri. This can be a case manager, supports coordinator, or therapist - whoever is assigned as the primary staff person to oversee the consumer care and coordination.

Supervisor: This is a term that refers to the Supervisor or the person that oversees the Case Holder.

Initial Assessment: the assessment located in sentri used to determine eligibility and probable services that a new consumer will require.

Annual Psychosocial Assessment: the assessment located in sentri based off the Initial Assessment and used as part of the process for developing the Individual Plan of Service as part of the Person-Centered Planning.

Therapy Assessment: the assessment located in sentri used as part of the determination of the course of treatment for a consumer receiving individual or group therapy.

Transferring Case Holder: The team where the Case Holder for the consumer is handing over the consumer care and coordination to another Case Holder.

Receiving Case Holder: The team where the Case Holder will take over monitoring and consumer care and coordination.

Same Level of Service Transfer: Refers to the circumstance where a consumer is moving from a Case Holder by one team of providers to another team of providers with out the need for increased or decreased level of care. *Examples are Community Support Services*

to Community Support Services, Community Support Services to TTI case management, TTI case management to Saginaw Psychological Services Inc., Support Coordination Services to Disability Network.

Different Level of Service Transfer: Refers to the circumstance where a consumer is moving from one level of service to another level of service. *Examples are Family Services Unit Home Based to Family Services Unit Case Management, Community Support Services to Assertive Community Treatment, Family Services Unit to Community Support Services, Family Services Unit to Wraparound Services, Wraparound Services to Westlund or Family Services Unit, Family Services Unit to Autism, Family Services Unit to Westlund, Caro Regional Center or Forensic Center to Community Residential Treatment.*

References:

SCCMHA Policy on Transition/Discharge Services 03.02.13

SCCMHA Care Management Procedure on Continuing Stay Reviews 09.03.01.04

SCCMHA Member Enrollment, Transfer/Discharge, Quality Data and Case Service Status 05.04.02

Exhibits:

Exhibit A - Intake Process

Exhibit B - Intake Steps Chart

Exhibit C - Case Transfer Checklist

Exhibit D - Care Management Specialist Disposition form

Exhibit E - SCCMHA Care Management Continuing Stay Review/Level of Care Review

Exhibit F – Level of Care Change Form – Adult Version

Exhibit G– Level of Care Change Form – Child Version

Procedure:

ACTION	RESPONSIBILITY
Case transfer from Central Access and Intake (CAI):	
a. Will complete Intake Assessment to determine Eligibility for SCCMHA services.	CAI Specialist
b. Will complete checklist of forms and have them scanned into Sentri.	CAI Specialist
c. Will assign to a team in Sentri for orientation.	Care Management Specialist
d. Will review <i>Case Transfer Checklist attached</i> , to make sure all documents are in the consumer file.	Receiving Case Holder
e. Care management Specialist will provide authorization for orientation.	Care Management Specialist
f. Will schedule orientation in Case	CAI Specialist

Holder Supervisor; Sentri scheduler.	
g. Will give proper status in Sentri scheduler of orientation appointment met.	Receiving Case Holder Supervisor
h. Will transfer case to Case Holder within five (5) working days.	Receiving Case Holder Supervisor
i. Will schedule face to face meeting with consumer within five (5) working days of assignment.	Receiving Case Holder
j. Will complete an update to the Initial Assessment (this will convert the Initial Assessment to an Annual Psychosocial Assessment) of strengths and needs and record in Sentri within 45-60 days. This update should also include the necessity for any additional services identified within the 45-60 days' timeframe. <i>If consumer is also receiving therapy from the record holder then a Therapy Assessment is needed in addition to the updated psychosocial assessment.</i>	Receiving Case Holder
k. Initiates Person-Centered Planning process including completing a Pre-Plan to set the planning meeting with consumer and/or family.	Receiving Case Holder
l. Will obtain any items missing at first visit with consumer/family. <i>See Case Transfer Checklist attached.</i>	Receiving Case Holder
m. The receiving Case Holder will add any needed authorization for assessments of needed services and supports.	Receiving Case Holder
Case Transfer with Same Level of Service:	
<i>Transferring</i> Case Holder:	
a. Will discuss with consumer the need for the consumer to be transferred to new Case Holder and document in the consumer electronic medical record (Sentri).	Transferring Case Holder

b. Will assure all mandatory documents are in the consumer file. <i>See Case Transfer Checklist attached.</i>	Transferring Case Holder
c. Will complete update psychosocial assessment and update consumer/family plan if plan and psychosocial assessment does not contain current information about the consumer/family or/is 326 days old or older.	Transferring Case Holder
d. Completes the Care Management continuing stay or level of care form to request transfer. <i>Refer to Continuing Stay procedure 09.03.01.04.</i>	Transferring Case Holder
e. Review request and documents in sentri the disposition of review.	Care Management Specialist
f. Assures all mandatory documents are in the consumer file. <i>See Case Transfer Checklist attached.</i>	Transferring Case Holder
g. Discusses with receiving team supervisor the need to transfer the consumer to a new team.	Transferring Case Holder Supervisor
h. Notifies both receiving and transferring Case Holder and both Supervisors of the decision via Care Management disposition form. <i>Refer to Continuing Stay procedure 09.03.01.04.</i>	Care Management Specialist
i. Care Management Specialist sets the time and day of orientation in the supervisor Sentri scheduler and enters authorization for orientation. Notifies transferring supervisor of orientation appointment.	Care Management Specialist
j. Transferring Case Holder notifies consumer of orientation for new case manager. <i>Please note: Transferring Case Holder maintains case until orientation appointment has been met.</i>	Transferring Case Holder
k. Will give proper status in sentri scheduler of orientation appointment met.	Receiving Case Holder Supervisor
l. Transfers the consumer case in	Care Management Specialist

<p>Sentri to appropriate team and Case Holder once orientation appointment has been met and notifies the transferring team and Case Holder of transfer.</p> <p>m. Will transfer case to Case Holder within five (5) working days.</p> <p>n. Will assure receiving Case Holder is aware of any upcoming appointments or other relevant information needed by receiving case holder.</p> <p>o. Will assure the assessment and plan, are not older than 326 days prior to official transfer of case in Sentri.</p> <p>p. Will make sure all progress notes are up to date from transferring case manager.</p> <p>q. Will make sure appropriate authorization(s) is/are in place for receiving Case Holder for residential, CLS, Respite, Model Payments (ASAP), Occupational Therapy, Physical Therapy, Speech Therapy, Psychologist, Psychiatrist, Supported Employment, Clubhouse, Drop-In Center, Medication Drop, etc. services.</p> <p>r. Will notify Case Holder Supervisor of Case Holder receiving the consumer case.</p>	<p>Receiving Case Holder Supervisor</p> <p>Transferring Case Holder</p> <p>Care Management Specialist</p> <p>Transferring Case Holder,</p> <p>Transferring Case Holder Supervisor and Care Management Specialist</p> <p>Transferring Case Holder Care Management Specialist</p>
<p><i>Receiving Case Holder:</i></p> <p>a. Completes the orientation, gives proper status of orientation in sentri scheduler, and notifies care management specialist of met orientation appointment.</p> <p>b. Assigns Case Holder within five (5) working days of the receipt of notice of transfer.</p> <p>c. Will assure all mandatory documents are in consumer file. Including health care coordination</p>	<p>Receiving Case Holder Supervisor</p> <p>Receiving Case Holder Supervisor</p> <p>Receiving Case Holder</p>

<p>notifying primary care physician of change in service and new case holder. <i>See Case Transfer Checklist attached.</i></p> <p>d. Will meet with consumer within ten (10) working days of assignment.</p> <p>e. Will obtain new notice of privacy practices if needed (different agency from transferring case holder).</p> <p>f. Will review psychosocial assessment and consumer/family plan.</p> <p>g. Will review plan with consumer/family to assure plan is relevant and still what consumer wants in the plan.</p> <p>h. Will assure that goals and objectives noted in plan are still relevant for the consumer/family. If not, new psychosocial assessment and plan should be developed.</p> <p>i. Will submit authorization request for any additional services or supports noted during contacts.</p> <p>Case Transfer to Different Level of Service:</p> <p><i>Transferring</i> Case Holder:</p> <p>a. Will discuss with consumer the transfer of the care and coordination to a new Case Holder and document in consumer chart (sentry).</p> <p>b. Will assure all mandatory documents are in the consumer file (sentry). <i>See Case Transfer Checklist attached.</i></p> <p>c. Will complete SCCMHA Care Management Continuing Stay Review/Level of Care Review form (<i>see attached</i>)</p> <p>d. Will complete updated psychosocial assessment and update consumer/family plan if plan and</p>	<p>Receiving Case Holder</p> <p>Receiving Case Holder</p> <p>Receiving Case Holder</p> <p>Receiving Case Holder</p> <p>Receiving Case Holder</p> <p>Receiving Case Holder</p> <p>Transferring Case Holder</p> <p>Transferring Case Holder</p> <p>Transferring Case Holder</p> <p>Transferring Case Holder</p>
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<p>psychosocial assessment do not contain current information about the consumer/family or are 326 days old or older.</p>	
e. Discusses with receiving team supervisor the need to transfer the consumer to a new team.	Transferring Case Holder Supervisor
f. Will complete and adequate notice for appeal.	Transferring Case Holder
g. Will assure all progress notes are up to date.	Transferring Case Holder
h. Will assure all authorizations are in place prior to transfer. Assure authorizations will not expire in the next 15 days.	Transferring Case Holder
i. Assures all mandatory documents are in the consumer file. <i>See Case Transfer Checklist attached.</i>	Transferring Case Holder Supervisor
j. Discusses with receiving team supervisor the need to transfer the consumer to a new team.	Care Management Specialist
k. Notifies both receiving and transferring Case Holder of the decision via Care Management disposition form. <i>Refer to Continuing Stay procedure 09.03.01.04.</i>	Care Management Specialist
l. Care Management Specialist sets the time and day of orientation in the supervisor sentri scheduler and enters authorization for orientation. Notifies transferring team of orientation appointment.	Care Management Specialist
m. Transferring Case Holder notifies consumer of orientation for new case manager. <i>Please note: Transferring Case Holder maintains case until orientation appointment has been met.</i>	Transferring Case Holder
n. Receiving Case Holder Supervisor will give proper status in sentri scheduler of orientation appointment met.	Receiving Case Holder Supervisor
o. Transfers the consumer case in sentri to appropriate team and Case Holder once orientation	Care Management Specialist

appointment has been met and notifies the transferring team and Case Holder of transfer.	
p. Will transfer case to Case Holder within five (5) working days.	Receiving Case Holder Supervisor
q. Will assure receiving Case Holder is aware of any upcoming appointments or other relevant information needed by receiving case holder.	Transferring Case Holder
r. Care Management Specialist will assure the assessment and plan, are not older than 326 days prior to official transfer of case in sentri.	Care Management Specialist
s. Will make sure all progress notes are up to date from transferring case holder.	Transferring Case Holder and Transferring Case Holder Supervisor
t. Will make sure appropriate authorization(s) is/are in place for receiving Case Holder for residential, CLS, Respite, Model Payments (ASAP), Occupational Therapy, Physical Therapy, Speech Therapy, Psychologist, Psychiatrist, Supported Employment, Clubhouse, Drop-In Center, Medication Drop, etc. services.	Transferring Case Holder
u. Will notify receiving Case Holder Supervisor of Case Holder receiving the consumer case.	Care Management Specialist
<i>Receiving Case Holder:</i>	
a. Completes the orientation and notifies care management specialist of met orientation appointment.	Receiving Case Holder Supervisor
b. Assigns Case Holder within five (5) working days of the receipt of notice of transfer.	Receiving Case Holder Supervisor
c. Make sure all mandatory information is in the consumer chart in sentri. <i>See Case Transfer Checklist attached.</i>	Receiving Case Holder
d. Will meet with consumer within ten (10) working days of assignment.	Receiving Case Holder
e. Will obtain any new releases of information including health care	Receiving Case Holder

coordination notifying primary care physician of change in service and new case holder.	
f. Will obtain new notices of privacy notices (if different agency from transferring case holder.)	Receiving Case Holder
g. Will have a 30-day authorization to complete an updated psychosocial assessment of services and supports and complete a new plan. If Case Holder has need of additional time to complete, please document reason for delay in consumer electronic medical record and contact Care Management Specialist to discuss the circumstances. <i>If consumer is also receiving therapy from the record holder, then a Therapy Assessment is needed in addition to the updated assessment.</i>	Care Management Specialist & Receiving Case Holder
h. Will request authorization for services and supports needed as part of new consumer plan.	Receiving Case Holder
i. Will complete an adequate notice for appeal.	Receiving Case Holder
j. Will give/send copy of updated plan to consumer/family.	Receiving Case Holder
k. Will note date plan given/sent to consumer/family in senti.	Receiving Case Holder
l. Will monitor services and supports noted in the plan including additional services such as residential, CLS, Respite, Model Payments (ASAP), Occupational Therapy, Physical Therapy, Speech Therapy, Psychologist, Psychiatrist, etc.	Receiving Case Holder
m. Will make changes to consumer plan as necessary.	Receiving Case Holder

Exhibit A

INTAKE PROCESS

Step (in order)	Staff	Time Standard	Actions/Description/Note
Access Screening Contact /Intake Eligibility	CAI Intake Specialist	Point of service	<ul style="list-style-type: none"> Potential Consumer calls/walks in for assistance <ul style="list-style-type: none"> Coordinates with CIS for Access Call Back Creates Eligibility Screening (signs using code H0002) Determines if meets intake eligibility <ul style="list-style-type: none"> If no, do linking If yes: Creates Admission with CAI as Team Makes Intake Appointment Determines any proof document needs and requests consumer to bring to Appointment <ul style="list-style-type: none"> MI Consumer requests code H0031 DD Consumer requests code 90887 Letter sent to Consumer Re: expectations Documents actions on Progress Note
Intake Appointment	CAI Intake Specialist	2 days from Access Screening Contact /Intake Eligibility	<ul style="list-style-type: none"> Places name as "Case Holder" on Admission form Creates Initial Intake assessment (date is start for Timeliness Standards) <ul style="list-style-type: none"> Marks Eligibility field as "Pending" Does not sign document Obtains any needed proof documents <ul style="list-style-type: none"> Documents delays daily on Progress Note Completes items on the Initial Orientation form Sends notification to Care Management for Eligibility Determination Documents action in a Progress Note (non-billable)
Eligibility Determination	Care Management Specialist	1 day from Notification	<ul style="list-style-type: none"> Coordinates with CAI Intake Specialist to make a determination for Eligibility and Medical Necessity Notifies CAI worker of eligibility determination <ul style="list-style-type: none"> If ineligible, notifies CAI worker to do linking <ul style="list-style-type: none"> Sends Adequate Notice If eligible, notifies CAI regarding the Team Changes Team name on Admission from CAI to assigned Team Documents actions on Progress Note (non-billable) Creates Authorization for initial services (T1016/T1017)
Completion of Initial Intake Assessment	CAI Intake Specialist	1 day from Notification	<ul style="list-style-type: none"> Completes Preliminary Plan fields on Initial Intake Coordinates with Consumer and Team Supervisor's Senti Calendar to set Orientation appointment date <ul style="list-style-type: none"> Email notification to Team Supervisor Adds to Intake Assessment, Orientation appointment (14 days from Intake Assessment) <ul style="list-style-type: none"> Documents reason of deviation from 14 days on both Progress Note and Intake Assessment Signs Initial Intake with Code H0031 Documents actions on Progress Note (non-billable)
Orientation Appointment	Team Supervisor or designee	5 days from Completion of Initial Intake Assessment	<ul style="list-style-type: none"> Documents on Scheduler and on Progress Note any changes in appointment date Meets consumer Completes items on the Team Orientation Form Introduces new Case Holder Changes Admission Form Case Manager field to assigned Case Holder <ul style="list-style-type: none"> Sets meeting date for Pre-plan or initiates Pre-plan Documents actions on Face/Face Progress Note using code T1016/T1017 Request Authorization for services based on the Preliminary Plan to expire 60 days from Orientation Appointment <ul style="list-style-type: none"> Requests Authorization for additional needed services (not indicated in the Preliminary Plan) Documents in a Progress Note
Pre-planning	Assigned Case Holder	5 days from Orientation Appointment	<ul style="list-style-type: none"> Meets with consumer Does Annual Assessment update from Intake Assessment Starts Pre-planning Documents in Face/Face Progress Note using apropos code

Exhibit B

INTAKE STEPS CHART

Deadline	Point of service	2 days	1 day	1 day	5 days
Step	Access Screening Contact /Intake Eligibility	Intake Appointment	Eligibility Determination	Completion of Initial Intake Assessment	Orientation Appointment
Who	CAI Intake Specialist	CAI Intake Specialist	Care Management Specialist	CAI Intake Specialist	Team Supervisor or designee
Does What	<ul style="list-style-type: none"> • Takes potential Consumer calls/walk ins for assistance <ul style="list-style-type: none"> ◦ Coordinates with CIS for Access Call Back • Determines if meets intake eligibility <ul style="list-style-type: none"> ◦ If no, completes linking ◦ If yes • Creates Admission with CAI as Team • Schedules Intake Appointment • Determines any proof document needs and requests consumer to bring to Appointment <ul style="list-style-type: none"> ◦ CM generates code H0031 • Letter sent, to Consumer Re: expectations • Documents actions in Chart Note 	<ul style="list-style-type: none"> • Places name as "Case Manager" on Admission form • Creates Initial Intake assessment (date is start for Timeliness Standards) <ul style="list-style-type: none"> ◦ Marks Eligibility field as "Pending" ◦ Does not sign document • Obtains any needed proof documents <ul style="list-style-type: none"> ◦ Documents delays daily in chart Note • Completes items on the Initial Orientation form <ul style="list-style-type: none"> ◦ DD Consumers may need a second appointment made to discuss/review findings. • Sends notification to Care Management for Eligibility Determination • Documents actions in chart note 	<ul style="list-style-type: none"> • Coordinates with CAI Intake Specialist to make a determination for Eligibility and Medical Necessity • Notifies CAI worker of eligibility determination <ul style="list-style-type: none"> ◦ If ineligible, notifies CAI worker to do linking <ul style="list-style-type: none"> ▪ Sends Adequate Notice ◦ If eligible, notifies CAI regarding the Team ◦ Changes Team name on Admission from CAI to assigned Team • CM generates code S9445 if eligible for service • Documents actions on Progress Note • Creates Authorization for initial services (T1017 or T1016) 	<ul style="list-style-type: none"> • Completes Preliminary Plan fields on Initial Intake • Coordinates with Consumer and Team Supervisor's Sentri Calendar to set Orientation appointment date <ul style="list-style-type: none"> ◦ Email notification to Team Supervisor • Adds to Intake Assessment, Orientation appointment (14 days from Intake Assessment) <ul style="list-style-type: none"> ◦ Documents reason of deviation from 14 days on both Chart Note and Intake Assessment • Signs Initial Intake with Code H0031 • Documents actions in Chart Note 	<ul style="list-style-type: none"> • Documents on Scheduler and on Progress Note any changes in appointment date • Meets consumer • Completes items on the Team Orientation Form • Introduces new Case Worker • Changes Admission Form Case Manager field to assigned Case Worker <ul style="list-style-type: none"> ◦ Sets meeting date for Pre-plan or initiates Pre-plan • Documents actions on Face/Face Progress Note using code T1016/1017 • Request Authorization for services based on the Preliminary Plan to expire 60 days from Orientation Appointment <ul style="list-style-type: none"> ◦ Requests Authorization for additional needed services (not indicated in the Preliminary Plan) • Documents actions on Progress Note
Forms Screen	Eligibility Screening Admission Sentri Scheduler Chart Note	Admission Form Initial Intake Initial Orientation Form Email Chart Note	Admission Form Adequate Notice Email Progress Note	Initial Intake Sentri Scheduler Email Authorization Chart Note	Sentri Scheduler Admission Progress Note Team Orientation Form Progress Note
Tracking	Chart Note	Initial Intake Chart Note	Progress Note	Initial Intake Chart Note	Progress Note

03-27-12 revised 11-26-13; KW 5-2-16

Exhibit C

Case Transfer Checklist

From Central Access and Intake (CAI):

Case Manager to do the following:

- ☐ What Authorizations are in place?
- ☐ Proof of Notice of Privacy for your agency (i.e. SCCMIA, TTI, Westlund, Disability Network, Saginaw Psychological, Case Management of Michigan) in the file?
- ☐ Consent to Treatment form signed?
- ☐ Consumer notified of recipient rights and given brochure?
- ☐ Does person need to sign the Consent for Substance Abuse and receive the recipient rights booklet for Substance abuse treatment (any person receiving COD, IDDT, or Co-occurring Services)?
- ☐ Ability to Pay information is current in Sentri?
- ☐ Release of information to consumer primary care physician?
- ☐ Release of information for others as applicable: Payee, family other than guardian, other doctors or specialists, school, DHHS, Social Security Administration, etc.
- ☐ Health Care coordination notice sent to primary care physician noting services to be provided to consumer, notice of the primary record holder, psychiatrist if one is assigned, and any medications that are prescribed by psychiatrist.
- ☐ Assure all demographic fields are completed.
 - Primary care physician (should match releases of information to primary care and should match health care coordination notice).
 - Residential Living Arrangement
 - Consumer people are filled in including guardian, payee, and other emergency contacts.
 - Health Conditions are accurate
- ☐ If guardian involved a copy of guardianship papers are in the consumer file?
- ☐ Complete consumer psychosocial assessment of strengths and needs to determine services and reason for continuing treatment/services.
- ☐ Complete pre planning meeting and enter into Sentri.
- ☐ Complete planning meeting and enter into Sentri.
- ☐ Plan should address scope of services for all internal services, community resources, and any assistance the natural supports will give to assist the consumer.
- ☐ Make sure consumer receives or has copy of the following and these are explained to the consumer/family:
 - Recipient Rights Booklet
 - Recipient Rights Booklet for Substance Abuse *if* receiving services for Substance Use as well as Mental Health Services (any person receiving COD, IDDT, or Co-occurring Services)
 - Copy of Independent Facilitation Brochure
 - Copy of Appeals and Grievance Brochure
- ☐ Obtain signature on the consumer plan after development. Be sure appropriate boxes are checked on the form including consent to treatment.
- ☐ Send copy of signed signature page to Medical Records, or other staff that scan information into consumer electronic medical record; to scan into consumer electronic medical record.
- ☐ Enter date plan given/sent to consumer.
- ☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents

Case Transfer Checklist

- ☐ If psychiatrist prescribes medications make sure consumer has signed medication consent for each medication and this is scanned into Sentri.
- ☐ Make sure if medications are initiated by the psychiatrist or changed, a new health care coordination notice is sent to the consumer primary care physician.

Same Level of Service:

Case Manager to check the following:

- ☐ Notify consumer/family of new primary case holder and new primary case holder contact information including supervisor name and contact information if unable to contact case worker.
- ☐ What Authorizations are in place?
- ☐ Make sure consumer receives copy of your agency (i.e. SCCMHA, TTI, Westlund, Disability Network, Saginaw Psychological, Case Management of Michigan, SVRC, New Hope) privacy practices. Notice of Privacy Practices.
- ☐ Does person need to sign the Consent for Substance Abuse and receive the recipient rights booklet for Substance abuse treatment? (any person receiving COD, IDDT, or Co-occurring Treatment)
- ☐ Ability to Pay information is current in Sentri?
- ☐ Release of information to consumer primary care physician?
- ☐ Release of information for others as applicable: Payee, family other than guardian, other doctors or specialists, school, DHHS, Social Security Administration, etc.
- ☐ Health Care coordination notice sent to primary care physician noting services to be provided to consumer and notice of the primary record holder, psychiatrist if one is assigned, and any medications that are prescribed by psychiatrist.
- ☐ Assure all demographic fields are completed.
 - Primary care physician (should match releases of information to primary care and should match health care coordination notice.
 - Health Care Conditions are correct and have not changed
 - Residential Living Arrangement
 - Consumer people are filled in including guardian, payee, and other emergency contacts.
 - Correct team and primary case holder identified in the consumer chart?
- ☐ If guardian involved a copy of guardianship papers are in the consumer file?
- ☐ Date of next appointments such as with psychiatrist?
- ☐ Review consumer assessment of strengths and needs update if needed.
- ☐ Does consumer/family have current plan? If not develop.
- ☐ Is there a signature of the consumer/family on the consumer plan?
- ☐ Review plan with consumer/family to assure plan is reflective of consumer/family wants and needs.
- ☐ Develop new plan if goals/outcomes are different than the plan states.
- ☐ Make sure consumer receives copy of the following if they would like a new copy and these are explained to the consumer/family:
 - Recipient Rights Booklet

Case Transfer Checklist

- Recipient Rights Booklet for Substance Abuse *if* receiving services for Substance Use as well as Mental Health Services (any person receiving COD, IDDT, or Co-occurring Treatment)
- Copy of Independent Facilitation Brochure
- Copy of Appeals and Grievance Brochure
- ☐ Obtain signature on the consumer plan after development. Be sure appropriate boxes are checked on the form including consent to treatment.
- ☐ Send copy of signed signature page to Medical Records, or other staff that scan information into consumer electronic medical record, to scan into consumer electronic medical record.
- ☐ Enter date plan given/sent to consumer into sentri
- ☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents
- ☐ If psychiatrist prescribes medications make sure consumer has signed medication consent for each medication and this is scanned into Sentri.
- ☐ Make sure if medications are initiated by the psychiatrist or changed, a new health care coordination notice is sent to the consumer primary care physician.

Different Level of Service Transfer:

Case Manager to check the following:

- ☐ Discuss with consumer/family the need to transfer to different level of service and why.
- ☐ What Authorizations are in place?
- ☐ Make sure consumer receives copy of your agency (i.e. SCCMHA, TTI, Westlund, Disability Network, Saginaw Psychological, Case Management of Michigan, SVRC, New Hope) privacy practices. Notice of Privacy Practices.
- ☐ Does person need to sign the Consent for Substance Abuse and receive the recipient rights booklet for Substance abuse treatment? (anyone receiving COD, IDDT, or Co-occurring services)
- ☐ Ability to Pay information is current in Sentri?
- ☐ Release of information to consumer primary care physician?
- ☐ Release of information for others as applicable: Payee, family other than guardian, other doctors or specialists, school, DIHS, Social Security Administration, etc.
- ☐ Health Care coordination notice sent to primary care physician noting services to be provided to consumer and notice of the primary record holder, psychiatrist if one is assigned, and any medications that are prescribed by psychiatrist.
- ☐ Assure all demographic fields are completed.
 - Primary care physician (should match releases of information to primary care and should match health care coordination notice).
 - Health Care Conditions are current and reflect consumer current conditions
 - Residential Living Arrangement
 - Consumer people are filled in including guardian, payee, and other emergency contacts.
 - Correct team and primary case holder identified in the consumer chart in sentri?
- ☐ If guardian involved a copy of guardianship papers are in the consumer file in sentri?
- ☐ Date of next appointments such as with psychiatrist?

Case Transfer Checklist

- ☐ Complete new consumer psychosocial assessment as needs are probably different if consumer is changing level of service.
- ☐ Complete new plan of service to reflect the needed changes in services by consumer/family.
- ☐ Plan should address scope of services for all internal services, community resources, and any assistance the natural supports will give to assist the consumer.
- ☐ Make sure consumer receives copy of the following and these are explained to the consumer/family:
 - Recipient Rights Booklet
 - Recipient Rights Booklet for Substance Abuse if receiving services for Substance Use as well as Mental Health Services (anyone receiving COD, IDDT, and Co-occurring services)
 - Copy of Independent Facilitation Brochure
 - Copy of Appeals and Grievance Brochure
- ☐ Obtain signature on the consumer plan after development.
- ☐ Send copy of signed signature page to Medical Records, or other staff that scan information into consumer electronic medical record; to scan into consumer electronic medical record (sentry).
- ☐ Update Sentry with date plan was sent to consumer/guardian.
- ☐ Provide services and at the frequency noted in the plan and assure team members via monitoring are completing services at the frequency noted in the plan.
- ☐ Update goals as needed.
- ☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents
- ☐ If psychiatrist prescribes medications make sure consumer has signed medication consent for each medication and this is scanned into Sentry.
- ☐ Make sure if medications are initiated by the psychiatrist or changed, a new health care coordination notice is sent to the consumer primary care physician.

FOR ALL TYPES OF TRANSFERS

- ☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents

Exhibit D

**Care Management****Care Management Specialist Disposition****Consumers Name:****Case Managers Name:****Consumers Sentri ID:****Supervisors Name:****Medical Necessity (please check one):**☐ Medical Necessity Criteria Met

Comments:

Diagnosis

Medications:

Utilizations history

☐ Medical Necessity Criteria Not Met

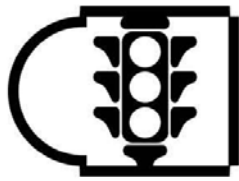
Specify Reason:

☐ Medical Necessity Criteria Met, but Service Array Modification Requested

Specify Change Requested and Reason:

Actions Taken/Date:_____
Care Management Specialist_____
Date_____
Care Management Supervisor_____
Date

Exhibit E

**Care Management****SCCMHA Care Management
Continuing Stay Review**

Consumer Name:	Sentri ID:
Case Manager Name/Team:	Supervisor:
Current PCP Date:	

Information required will be used the SCCMHA Care Management Department to determine if a consumer currently enrolled in services continues to meet the required medical necessity criteria for continuing authorization of services.


Please complete this form electronically, print, sign, and forward to the Care Management Specialist assigned to your team. Complete as thoroughly as possible.

PROVIDER REPORT (To be completed by the Case Manager)	CARE MANAGEMENT REVIEW (To be completed by Care Management Specialist)
I. Diagnosis Date of Diagnosis: Diagnosis Given By: Axis I: Axis II: Axis III: Axis IV: Axis V: LOCUS Co-morbidity Score ()	Is this diagnosis current and valid and is it a service eligible diagnosis according to Service Selection Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No
II. Severity of Illness Psychiatric Signs/Symptoms: LOCUS Dangerousness/Risk Score ()	Does the provider describe a severity of illness/functional impairments requiring access to the SCCMHA specialty array of supports and services? <input type="checkbox"/> Yes

<p>Functional Impairments List all functional impairments currently presenting:</p> <p>LOCUS Functional Status Score ()</p>	<p><input type="checkbox"/> No</p>
<p>III. Medications Please list consumers current medications:</p>	<p>Do the medications listed support medical necessity based on the diagnosis?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>IV. Intensity of Services Start date of this episode of care:</p> <p>List services used in the last 12 months, including those provided by the primary care physician:</p> <p>List hospitalizations in the last 12 months:</p> <p>LOCUS Treatment and Recovery Score ()</p> <p>LOCUS Attitude and Engagement Score ()</p>	<p>Has this consumer's utilization of services shown a need for access to the SCCMHA specialty array of supports and services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Has this consumer shown progress in treatment resulting in improvement in signs/symptoms/level of functioning as a result of services provided?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>V. Proposed Continued Services Specify services requested for authorizations:</p> <p>Anticipated discharge date:</p> <p>Notes/ Additional Comments:</p>	<p>Do the proposed continued services demonstrate that the consumer needs access to the SCCMHA array of specialty supports and services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Exhibit F

Level of Care Change Form – Adult Version



SCCMHA Level of Care Change for Adults

Consumer Name:	Sentri ID:
CSM/SC Name/Team:	Supervisor:
Date:	Current PCP Date:

Diagnosis Review	
Diagnosis Import from <u>Sentri</u>	Supported in Record
Axis I	
Axis II	
Axis III	
Axis IV	
Axis V	

General Information
Review Purpose <input type="checkbox"/> Initial <input type="checkbox"/> Ongoing <input type="checkbox"/> Discharge <input type="checkbox"/> Acute Crisis Did you discuss this change with consumer/parent/guardian: Yes <input type="checkbox"/> No <input type="checkbox"/> Supported in record (progress note/periodic review date):
1. Risk of Harm within last year & history of attempts, ideations, and self-harm behaviors.
Supported in record (progress note/periodic review date):
2. Current level of function to include psychiatric symptoms and medications used.
Supported in record (progress note/periodic review date):
3. Medical risk
Supported in record (progress note/periodic review date):
4. Substance abuse risk
Supported in record (progress note/periodic review date):
5. Treatment and Recovery History
Supported in record (progress note/periodic review date):

6. Benefits: adherence/non-adherence to current services.
Supported in record (progress note/periodic review date):

Utilization Summary	
Services over the last six months	
Entitlement Status	Hospital Episodes: Date/Number of Days
Reason for level of care change.	


Recommendations
Next Step in Recovery Plan
Disposition: <ul style="list-style-type: none"> <input type="checkbox"/> Transfer to <ul style="list-style-type: none"> <input type="checkbox"/> MI <input type="checkbox"/> DD <input type="checkbox"/> Increase Level of Care to <ul style="list-style-type: none"> <input type="checkbox"/> Case Management <input type="checkbox"/> ACT <input type="checkbox"/> Maintain Level of Care; transfer to _____ <input type="checkbox"/> Reduce Level of Care to <ul style="list-style-type: none"> <input type="checkbox"/> Therapy only <input type="checkbox"/> Case Management <input type="checkbox"/> Prepare for Discharge to <ul style="list-style-type: none"> <input type="checkbox"/> Outside Provider* <input type="checkbox"/> Primary Care <p>*agencies that accept consumer's Qualified Health Plan</p>
Discharge Recommendations

CSM/SC Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Exhibit G

Level of Care Change Form – Child Version


SCCMHA Level of Care Change for Children

Consumer Name:		Sentri ID:	
CSM/SC Name:		Supervisor:	
Date:		Current PCP Date:	
Diagnosis Review			
Diagnosis Import from Sentri		Supported in Record	
Axis I			
Axis II			
Axis III			
Axis IV			
Axis V			
General Information			
Review Purpose <input type="checkbox"/> Initial <input type="checkbox"/> Ongoing <input type="checkbox"/> Discharge <input type="checkbox"/> Acute Crisis Did you discuss this change with consumer/parent/guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Supported in record (progress note/periodic review date):			CAFAS/PECFAS Total
1. Schoolwork		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			
2. Home		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			
3. Community		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			
4. Behavior towards others		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			
5. Moods and emotions		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			
6. Self-harm behavior		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			


7. Substance Abuse		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			
8. Thinking; symptoms and medications		CAFAS/PECFAS Score	
Supported in record (progress note/periodic review date):			
9. Adherence/non-adherence to current service (child and parent).			
Supported in record (progress note/periodic review date):			
DECA: If child is between 1 month and 47 months old please summarize your DECA results.			
Utilization Summary			
Services over the last six months			
Entitlement Status	Hospital Episodes: Date/Number of Days		
Reason for level of care change.			
Recommendations			
Next Step in Recovery Plan			
Disposition:			
<input type="checkbox"/> Transfer to <input type="checkbox"/> MI <input type="checkbox"/> DD <input type="checkbox"/> Increase Level of Care to <input type="checkbox"/> Wraparound <input type="checkbox"/> Home Based Service <input type="checkbox"/> Autism <input type="checkbox"/> Adult Services <input type="checkbox"/> Child <u>Case Management</u> <input type="checkbox"/> Reduce Level of Care to <input type="checkbox"/> Therapy only <input type="checkbox"/> Maintain Level of Care; transfer to _____ <input type="checkbox"/> Prepare for Discharge to <input type="checkbox"/> Outside Provider* <input type="checkbox"/> Primary Care *Agency that accepts consumer's Qualified Health Plan			
Discharge Recommendations			

CSM/SC/Therapist Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

Tab 4

Service Delivery

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, 7/13/22	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	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 provision and monitoring of Dialectical Behavior Therapy (DBT) and Dialectical Behavior Therapy for Adolescents (DBT-A).

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 various 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) 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 during therapy:
 - a. Contingency management
 - b. Cognitive therapy
 - c. Exposure based therapies
 - 1) Prolonged Exposure Therapy for DBT: The DBT PE protocol aims to help clients stop avoidance and instead confront trauma-related thoughts and situations so that trauma can be effectively processed. To do this, the DBT PE protocol uses two types of exposure.
 - a. Imaginal exposure involves revisiting the traumatic experience in one's imagination and describing it aloud during therapy sessions. This is followed by processing of the trauma-related emotions and thoughts that are elicited by the imaginal exposure. Imaginal exposure and processing are highly effective in reducing trauma-related symptoms and helping to gain new perspective

about what happened before, during, and after the traumatic events.

- b. In vivo exposure means confronting avoided situations “in real life.” Clients are asked to gradually approach safe situations that they have been avoiding because they remind them of the trauma, are believed to be dangerous, are previously enjoyed activities that have been stopped due to depression or elicit unjustified shame. In vivo exposure has been found to be highly effective in reducing excessive fears and behavioral avoidance after trauma.

2) The DBT-PE protocol is based on Prolonged Exposure Therapy, developed by Edna Foa, PhD, and is completed in three stages:

- a. DBT skill acquisition to achieve behavioral control,
- b. Targeting PTSD symptoms through imaginal and in vivo exposure,
- c. Return to DBT treatment to address any outstanding issues not targeted through PE.

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 eighteen, the Child and Adolescent Functional Assessment Scale (CAFAS) will be used in a comparable manner.
- c. All active DBT teams shall undergo MiFAST fidelity reviews every 3-5 years.

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 to teach them in sixteen weeks. Parents are included in the skills training group 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.

Prolonged Exposure Therapy: Prolonged exposure is a specific type of cognitive behavioral therapy that teaches individuals to gradually approach trauma-related memories, feelings, and situations. Individuals collaborate with their therapist in a safe, graduated fashion to face stimuli and situations that evoke fear and remind them of the trauma to increase their comfort and reduce their fear.

References:

- A. Clinical Practice Guidelines for the Treatment of Post-traumatic Stress Disorder, <https://www.apa.org/ptsd-guideline/treatments/prolonged-exposure>
- B. DBT and Prolonged Exposure Treatment for Trauma, <https://www.thebehavioraltherapycollective.com/what-is-dbt-pe>
- C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
- D. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

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 Senti 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) when there is a question of whether the consumer will be able to benefit from participating in a DBT skills building format.	Psychologist
Determines whether any psychological testing is necessary.	
Review clinical and psychometric information reviewed along with consumer input for eligibility for DBT membership.	
NOTE: DBT team consultation members agree to apply DBT philosophy when determining	DBT Team (DBT therapist, Consultation team members, psychologist, and other ancillary clinicians if needed)

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.

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:

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.

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

DBT Therapist and Case
Holder

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 | <input type="checkbox"/> |
| [C] | Target Behavior Data Tracking Form | <input type="checkbox"/> |
| [D] | Borderline Symptom List (BSL-23) | <input type="checkbox"/> |
| [E] | Life Problems Inventory (LPI) | <input type="checkbox"/> |

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.

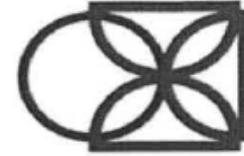
Once referral is received and reviewed, a DBT Team Member will reach out to consumer to schedule a DBT eligibility assessment. Once assessment is complete, the case will be presented at our DBT Team Consultation Meeting. Each case will be considered on an individual basis by consensus of the DBT team 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

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DIALECTICAL BEHAVIOR THERAPY (DBT) REFERRAL FORM



Date: _____

Consumer Information

First Name (legal): _____ Last Name: _____

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

Senti ID: _____

Interpreter required? ☐ YES ☐ NO If yes, language needed: _____Gender Identity: ☐ Female ☐ Male ☐ Non-binary/3rd gender ☐ Other: _____☐ Prefer not to sayPronouns: ☐ She, her, hers ☐ He, him, his ☐ They, them, theirs ☐ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type (Mark one): ☐ Cell ☐ Home ☐ WorkSecondary phone: _____ Type (Mark one): ☐ Cell ☐ Home ☐ WorkOK 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? _____

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Current DSM 5 Diagnosis(es):

Current Psychiatric Medications:

(please include dosage and how often taken)

Eating disorder concerns? (Mark one): ☐ YES ☐ NOIf 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 ☐ NOIf yes (Mark all that apply): ☐Burning ☐Cutting ☐Picking ☐Hitting/Slapping☐ Other (please specify):

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

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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? _____

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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) _____

Date / /

Consumer Signature

Date / /

Primary Record Holder Signature

Date / /

Current Therapist (if applicable) Signature

DISPOSITION: (for administrative use only)

Date / /

DBT Team Consultant

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: Residential Services	Chapter: 03 - Continuum of Care	Subject No: 03.02.07
Effective Date: 6/16/05	Date of Review/Revision: 6/14/05, 8/30/06, 1/5/07, 6/28/07, 6/30/09, 3/2/10, 7/30/10, 1/5/11, 8/15/11, 6/11/12, 7/2/14, 8/11/14, 8/14/14, 12/23/14, 2/4/16, 5/2/16, 4/5/18, 2/26/19, 3/21/22, 10/5/22 Supersedes:	Approved By: Sandra M. Lindsey, CEO Responsible Director: Executive Director of Clinical Services. Authored By: Kristie Wolbert Reviewed By: Residential Watch Committee, Quality of Life Committee, Provider Network Auditors
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		

Purpose:

To identify and clarify residential options available for Saginaw County Community Mental Health Authority (SCCMHA) Consumers

Policy:

SCCMHA providers of service are in a position, on a regular basis, to assist consumers/guardians with decisions about the most appropriate residential option for the consumer. Though there are many options available, those decisions should be based on some guiding principles.

The guiding principles for helping a consumer/guardian make decisions about the most appropriate residential option should include:

The residential option chosen should be based upon the consumer's choice.

It should be the least restrictive setting to meet the consumer's needs.

The consumer's health and safety needs must be able to be met within the residential option chosen.

It should allow the consumer to be integrated into his/her home community when at all possible.

The setting must be safe and habitable.

The setting chosen must afford the consumer a rich quality of life.

The opportunity to use a fiscal intermediary in order to guide over a directed budget, using the principals of self determination. (See SCCMHA policy 02.03.04 Self Determination)

SCCMHA believes that all consumers, regardless of their living situation, have the right to live in a quality environment. SCCMHA monitors quality of residential settings in a variety of ways including through SCCMHA's auditing and contracts and properties management units and through Quality-of-Life visits. (The monitoring form used for these visits "Quality of Life Home Visit Report" is included as an exhibit to this policy Exhibit H). SCCMHA has a Residential Watch Committee that discusses residential situations that may have some potential risk. See SCCMHA procedure 09.04.03.07, Residential Provider Watch Program.

Application:

The Network of SCCMHA Providers.

Standards:

- A three-day supply of fresh, perishable foods is available in contracted homes. Examples may include but are not limited to: Eggs, milk, cheese, fruit, vegetables, bread.
- Provider will post menus that follow the Choose My Plate guidelines, including fruits and vegetables offered each meal and proper portions of fruits, vegetables, grains, protein, and dairy. Please refer to www.choosemyplate.gov for more information regarding healthy meal choices. (See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, and CLS – Exhibit F)
- Provider will promote health and wellness in the form of exercise at least weekly, though preferably daily, such as walking, exercise videos, interactive video games, etc.
- Provider will ensure proper maintenance is occurring at the residential facility as documented by the completion of preventative maintenance logs at least quarterly.
- Provider should be completing documentation of monthly water, refrigerator, and freezer temperatures. This can be done directly on the preventative maintenance log or on a separate log created by the Provider.
- Provider will ensure all consumers are being treated with dignity and respect, to which they are entitled (See SCCMHA Policy 02.02.28 Recipient Rights – Dignity and Respect)

Definitions:

Adult Foster Care (AFC):

Adult Foster Care homes are homes operated by provider corporations or by individuals and licensed by Michigan Department of Health and Human Services under the Division of Adult Foster Care Licensing to provide room, board and supervision to persons in need of such services. An AFC home is independent and does not operate under the auspices of a mental health agency, although they may contract with a mental health agency to receive funds to provide specialized personal care, medical monitoring, and behavioral services. Foster care homes may provide placements for consumers not associated with an agency, although many users of adult foster care services are consumers of the Michigan Department of Health & Human Services (MDHHS) or Community Mental Health (CMH). Foster care homes are located throughout the community and may or may not be part of the family home of the provider. The home may be staffed by the provider family, or the provider may hire staff to assist. The level of staffing varies but often consists of non-awake overnight coverage and one staff to assist with high consumer demand hours such as mornings, late afternoons, and evenings. The number of beds in each home varies and is regulated by the local CIS Licensing. Personal care and assistance with activities of daily living are provided as part of routine care. Each person pays the provider directly for room and board, generally through SSI/SSA benefits. The rate of SSI payment can be domiciliary only or include personal care. Each consumer is allowed to keep a standard amount of his/her SSI/SSA per month for personal items; the AFC provider must keep a current Resident Funds form on consumer's personal money where the consumer plan indicates the need for assistance with money management by AFC staff.

Considerations: Potential participants/consumers must be in need of supervision. Generally, they should have low to medium behavioral, medical, personal care, domiciliary or other needs, although the level of need a home can address differs. Some home operators are more experienced and/or have specialized training, which lends to serving individuals with significant behavioral and medical concerns.

SCCMHA publishes a Residential Directory that lists the providers located in Saginaw County and some basic information about the home and the license for the home. This Directory is located on the SCCMHA website under *Community Resources*. This resource is meant to be used by the consumer and those assisting the consumer in choosing an AFC that will meet the consumer wants and needs. (www.sccmha.org)

Adult Foster Care (AFC) with Model Payments now known as (ASAP) Adult Services Authorized Payments

Under this type of care all of the same requirements pertain as with Adult Foster Care (AFC) but the consumer may need some additional assistance with bathing, dressing, or other area that requires more assistance than just reminders to the consumer. Under this level of care the provider may ask for Model Payments or ASAP for a consumer. This type of funding is a set amount per month. The amount is set by the State of Michigan and paid by the State of Michigan. The case holder has to do a monthly visit to the facility to assure staff are providing the additional care needed. The case holder has to initial the paperwork as proof of review and that the provider is giving the care that was prescribed by the case holder. Usually, the case holder will initial above the date they

visit. The case holder must initial minimally the consumer Personal Care and Community Living Support Log form. They may also need to initial the medication sheets and the consumer resident funds if the consumer needs assistance in both of these areas. The provider has to submit monthly paperwork to the State of Michigan to receive payment for services rendered. The provider can bill electronically or by telephone. Questions about this process can be directed to SCCMHA's Care Management Department.

Specialized Residential Settings:

Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the state to provide specialized residential services. This certification allows the provider to receive contract funds from community mental health to provide specialized mental health services.

There are two types of Specialized Residential Settings:

One type are adult foster care homes that accept a mixture of consumers, some of which are funded through a contract from community mental health and some that are not. Such homes may have one or several consumers either funded and/or served by SCCMHA. Staff working in the home are required to have completed specialized group home training. The contract rate paid for each consumer is designated in the provider contract; based on the specialized mental health needs of the consumer and the amount of staffing necessary to meet those needs. The home is expected to follow the treatment plan developed through the person-centered planning process. These homes are usually owned by the provider. These homes may or may not have awake staff 24 hours a day. However, for homes with contracts inside Saginaw County, the contract requires 24 hour awake staff.

The second type are homes in which CMH contracts exclusively for all the beds in the home and pays a set daily per diem based on a contracted amount of full-time equivalent staff or FTE's being utilized to meet the needs of consumers. SCCMHA owns these homes and contracts with a company to provide staffing and general maintenance of the homes. These homes generally provide 24-hour awake supervision. Staff working in the home are required to have completed specialized group home training. The home is expected to follow the treatment plan developed through the person-centered planning process.

Considerations for specialized residential settings: The needs of the consumer must go beyond the typical needs of the person served in a general adult foster care home. The home must have an adequate amount of trained staff to safely meet the needs of the consumer as outlined in their plan of service. Persons placed into specialized residential settings typically have increased personal care needs or exhibit behavioral symptoms that require regular intervention.

Enhanced Housing Needs

These are for services outside the realm of Specialized Residential funds which are used for the following purposes:

Temporary Lodging is payment for room and board amount - paid from the General Fund or other non-Medicaid funds. Community resources must first be exhausted and documented in the clinical record prior to authorization for payment.

Housing Assistance is payment for shelter costs such as room and board. Community resources must first be exhausted and documented in the clinical record prior to authorization for payment.

Enhanced Staffing is additional staffing hours exceeding a contracted amount, and is subject to the following conditions:

- Is provided to avoid hospitalization
- Is provided to address medical or behavioral conditions that threaten placement or safety of the consumer, staff or community. The plan must be as specific as feasible in order to identify the need for Enhanced Staffing; including times, locations, and conditions for the service to be provided.
- Unless noted in the plan as “On-going”, enhanced staffing will only be authorized for brief periods. Long term enhanced staffing may be figured into the overall contract rate for the home.
- Must be for the minimum needed number of hours per day. Sleeping hours, day program hours, home leave of absence (LOA) hours must be factored in determining the hours requested.

A request for Adaptive Equipment is to provide supplies, equipment, or assistive devices, which will assist the consumer to remain living within a community setting as defined and described in the Michigan Medicaid Provider Manual. (See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, and CLS, for applicable form)

A request for Environmental Modification is to be used for payment to modify, repair, or enhance the residential environment as defined and described in the Michigan Medicaid Provider Manual. (See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, and CLS for applicable form)

Leave of Absence (LOA): (Exhibit J)

LOA occurs when the resident leaves a specialized residential setting for an overnight absence that absolves the provider from the responsibility of providing services for the duration of the consumer’s absence. This would be circumstances such as: a planned vacation, family visit, hospitalization, incarceration, etc.

The provider remains responsible for the provision of service in circumstances such as elopement, working, day program, in the neighborhood, going to the store or movie, etc. even though the consumer is not in the facility or under the direct supervision of the provider

For reimbursement and payment purposes, SCCMHA and Medicaid considers the following as guidance for billing days of service:

The Medicaid rule regarding not reporting/billing day of discharge is assumed to be a primary rule governing which provider can report/bill that day. The CMHSP/PIHP cannot report the day of exit when the consumer is going to another per diem setting.

The same day may **NOT** be reported by two homes (transfers); **NOR** if the person is moving from a certified/licensed setting to a non-licensed setting **NOR** if persons have a hospitalization or nursing home stay; **NOR** as persons terminate the licensed/certified CLS/PC services, including leaving the CMH system. The discharge day or the day the person "moves" to the other setting is not reportable as a CLS/PC per diem by the home for the person is who "leaving".

The "day" of attendance/service is based on the beneficiary receiving at least one activity in Personal Care and/or CLS, and as noted above is not moving that day to another setting (permanently or in the case of hospitalization on a temporary basis).

However, the beneficiary may be absent from the home for other leaves, e.g., visits with family/friends. For both the day they leave and the day they return, IF they receive at least one activity in Personal Care and/or CLS, then that day may be reported. If the person is out of the home on leave for an entire 24-hour day, that day is not reportable.

References:

MDHHS Medicaid Provider Manual: Mental Health/ Substance Abuse Section
 SCCMHA Procedure 09.04.04.03- Personal Care and Community Living Supports
 Service Log Documentation- Rev. 7-15-06
 SCCMHA Procedure 09.04.01.04 Quality of Life Visits
 SCCMHA Procedure 09.04.03.07 Residential Provider Watch Program
 SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings
 SCCMHA Policy 05.06.08 Management of Consumer Funds.
 SCCMHA Policy 02.03.04 Self Determination
 SCCMHA Policy 02.02.28 Recipient Rights – Dignity and Respect
 SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, and CLS

Exhibits:

Exhibit A: Adult Foster Care Home Requirements Summary form State of Michigan
 Licensing Rules
 Exhibit B: Consumer Checklist- Individual AFC Placement Checklist
 Exhibit C: Summary of Resident Rights for AFC Group Homes (R400.15304)
 Exhibit D: Guidelines for Specialized Residential Services
 Attachment 1: Staff Schedule
 Attachment 2: Sample Emergency Food List
 Attachment 3: Sample Emergency Food Menus
 Attachment 4: Quarterly Preventative Maintenance Checklist
 Attachment 5: Personal Care and Community Living Supports Service Log
 Attachment 6: Health Visit Record
 Attachment 7: Consumer Inventory List

	Attachment 8: Sample Activity Calendar
Exhibit E:	Licensed Specialized Residential Provider Guidelines for Personal Care and Community Living Supports
Exhibit F:	Samples of Assessment Plan for AFC Residents
Exhibit G:	SCCMHA/Quality of Life Home Visit Report
Exhibit H:	Checklist for moving consumers into Licensed Residential Facilities
Exhibit I:	Leave of Absence Form
Exhibit J:	911 Guidelines

Procedure:

ACTION	RESPONSIBILITY
Makes a variety of residential options available to consumers of mental health services.	Saginaw County Community Mental Health Authority
Participates in a person-centered planning process to discuss the consumer's needs and desires particularly as it relates to residential options.	Consumer, guardian, case holder, others as identified by the consumer/guardian.
Reviews the residential option desired to determine if it can meet the needs of the consumer with special attention to the health and safety needs of the consumer.	Consumer, guardian, case holder, and others as identified by the consumer/guardian.
Develops a plan of service which addresses the specific needs of the consumer, including amount, scope and duration. The plan should also address each need identified in the licensed residential authorization, or DCH 3803. Keeping in mind the least restrictive setting.	Consumer, guardian, case holder, and others as identified by the consumer/guardian.
Follows the Specialized Residential Process and Workflow (See SCCMHA Policy 03.02.07c Residential Service - Exhibits to AFC, Licensed Residential and CLS for assistance with this process) for placement into Specialized Residential settings. Also see Checklist for Moving consumers into Licensed Residential Settings (See Exhibit I).	Case Holder Clinical Supervisor Care Management Specialist Residential Provider
Referral to the Residential Placement	Case Holder/Chair of the Residential

Committee for any possible out of county placements or moves from a less restrictive setting into a more restrictive setting. A review of the persons file will occur, and a decision will be made in 7-10 business days.	Placement Committee
Assist with the procurement of needed Equipment or Environmental Modification Utilizing the “Request for Additional Funds Form” only after all outside resources have been exhausted. (See SCCMHA Policy 03.02.07c Residential Service - Exhibits to AFC, Licensed Residential, and CLS for applicable form)	Case Holder
Monitors the consumer in the residential option at intervals agreed to in the resident’s plan of service. Monthly home visits are recommended by SCCMHA to assure that the needs of the consumer are being met in the residential setting and that the consumer is satisfied with the services provided. If the individual is in specialized residential, a monthly visit is required at minimum.	Case Holder and guardian when one is appointed.
Follows the Guidelines for Specialized Residential Service Providers as written in Exhibit E and the Guidelines For Personal Care and Community Living Supports as written in Exhibit F.	Residential Provider
Attends residential facility staff meetings as needed to provide in-services on consumer plans, help resolve issues, clarify concerns, etc.	Case Holder

ADULT FOSTER CARE HOME REQUIREMENTS SUMMARY FROM STATE OF MICHIGAN

LICENSING RULES

This is a summary of the State of Michigan requirements that licensed AFC home providers are expected to meet.

- Provide personal care, protection and housing and food for residents.
- Treat residents with respect, courtesy, dignity and fairness.
- Maintain all licensing requirements of the State of Michigan.
- Provide nutritious meals and post menus.
- Staff is trained and competent, including knowledge of persons to be served.
- Meet physical, emotional and intellectual needs of each resident.
- Able to handle emergency situations appropriately.
- Assure welfare of the residents, including safety, privacy and protection from moral, social and . financial exploitation.
- Sufficient staffing to meet the needs of residents.
- Maintain appropriate and current home and resident records.
- Maintain records of resident funds and valuables.
- Maintain home policies, including admission and discharge.
- Provide house rules to residents.
- Promote resident interactions that encourage cooperation, self-esteem, self-direction, independence and normalization.
- Provide opportunities for positive social skill development, contact with relatives and friends, community-based recreational activities, privacy and leisure time and religious education/attendance of choice.
- Provide personal care and community living skill development as specified in each person's written plan.
- Explain rights to each resident.
- Provide behavioral interventions that are positive and relevant with unacceptable behavior addressed in written plans.
- Protect residents from mistreatment, restraint, punishment, confinement, mental or emotional cruelty or withholding of food, water, clothing, rest or toilet.
- Pay attention to resident health care needs, including medication and special diets.
- Report to resident representatives/responsible agencies of serious situations or events.
- Reasonable provision for varied leisure/recreational equipment/activities.
- Safe and healthy facility environment, including temperature, space and egress.
- Complete background checks of staff before hiring.
- Provide opportunity and instructions for personal hygiene when appropriate.

Consumer CHECKLIST

INDIVIDUAL AFC PLACEMENT CHECKLIST

Home Name: _____

Visit Date: _____

SCCMHA suggests that you obtain a copy of the house rules for any general AFC home and a copy of the rental agreement from the provider and consider the list of state requirements included in this directory when you consider your choices in selecting an adult foster care provider. Below is a list of questions for potential residents/consumers and/or their family members to ask or find out about when visiting potential living situations. You may want to rate how important each item is to you. Not all items on the list are a top priority to everyone. In order to make the right decision, you or your family member may wish to identify the five most important items to you in considering a home setting. This may help to narrow your choices. Extra forms are available at the SCCMHA customer services office.

FOOD

- ☐ I like to have fresh fruits and vegetables available to me.
- ☐ I like to be able to help prepare meals and have access to the kitchen when I want.
- ☐ I like to be able to cook meals.
- ☐ I like to be able to have choices in the meals I eat each day.
- ☐ I like to be able to have certain foods to eat: ethnic, religious or just favorite foods.

COMMUNITY ACTIVITIES

- ☐ I like to go shopping for personal things and would like to continue this activity. (How often?)
- ☐ If the provider is not able to take me to activities; I would like to have access to bus transportation.
- ☐ How close is the bus stop?
- ☐ What locations does the bus route take from the bus stop closest to the home?
- ☐ I prefer to go on low-cost activities.
- ☐ I prefer to go to the movies.
- ☐ I like to go to the library.
- ☐ The cost of transportation may be extra.
- ☐ I like to attend church services each week.
- ☐ I like to go out to get my hair done.
- ☐ I like to have a say in the types of activities I participate in.
- ☐ I like to participate in activities in the community each week.

GENERAL ITEMS

- ☐ I prefer to live with other males only.
- ☐ I prefer to live with only other females.
- ☐ I like to live in the same house with both males and females.
- ☐ I use a wheelchair to get around and need a ramp.
- ☐ I have ambulation problems that cause me not to be able to use stairs.
- ☐ I have a breathing machine that will require extra care and electricity to use.
- ☐ I have special medical needs that will require extra care by the provider/caregivers.
- ☐ I like to have the owner or provider of the home live in the same home I will be moving into.
- ☐ I prefer to smoke indoors.
- ☐ I like to be able to smoke when I want. I do not like to be limited in the number of cigarettes or

the times I may be able to have a cigarette.

- ☐ I prefer to have access to staff in the middle of the night if needed.
- ☐ I need to have awake staff at night due to my medical condition.
- ☐ I like to be able to go to bed when I want.
- ☐ I want to have a say in the time I wake up.
- ☐ I want to have a say in the time I come in at night from visiting my friends/family.
- ☐ I like to be able to participate in household chores, laundry, dishes, etc.
- ☐ I prefer to have my own room (there may be an extra cost for a private room).
- ☐ I like to know there are staff available during the day if I need help.
- ☐ I would like to be able to bring my pet with me to my new living arrangement.
- ☐ I like to be able to plug in several electronic pieces of equipment (more than five).
- ☐ I like to have family and friends come to see me at my house.
- ☐ I like to visit with family and friends privately where there are not interruptions and others cannot hear the conversations.
- ☐ I prefer to do my own laundry.
- ☐ I like to have my clothes laundered at least weekly.
- ☐ I like to be able to come and go from the home as I please.

[illegible]

SUMMARY OF RESIDENT RIGHTS FOR AFC GROUP HOMES (R400.15304) RESIDENTS HAVE THE FOLLOWING RIGHTS:

- To be free from discrimination on the basis of race, religion, color, national origin, sex, age, handicap, marital status or source of payment in the provision of services and care.
- To exercise his or her constitutional rights, including the right to vote, the right to practice the religion of his or her choice, the right to freedom of movement and the right of freedom of association.
- To refuse participation in religious practices.
- To write, send and receive uncensored and unopened mail at his or her own expense.
- To have reasonable access to a telephone for private communications. Similar access shall be granted for long distance collect calls and calls which otherwise are paid for by the resident. A provider may charge a resident for long distance and toll telephone calls. When pay telephones are provided in group homes, a reasonable amount of change shall be available in the group home to enable residents to make change for calling purposes.
- To voice grievances and present recommendations pertaining to the policies, services and house rules of the home without fear of retaliation.
- To associate and have private communications and consultations with his or her physician, attorney or any other person of his or her choice.
- To participate in the activities of social, religious and community groups at his or her own discretion.
- To use the services of advocacy agencies and to attend other community services of his or her choice.
- To have reasonable access to and use of his or her personal clothing and belongings.
- To have contact with relatives and friends and receive visitors in the home at a reasonable time. Exceptions shall be covered in the resident's assessment plan. Special consideration shall be given to visitors coming from out of town or whose work hours make it necessary to meet with the resident outside the usual visiting hours.
- To employ the services of a physician, psychiatrist or dentist of his or her choice for obtaining medical, psychiatric or dental services.
- To refuse treatment and services, including the taking of medication, and to be made aware of the consequences of that refusal.

- To request and receive assistance from the responsible agency in relocating to another living situation.
- To be treated with consideration and respect, with due recognitions of personal dignity, individuality and the need for privacy.
- To have access to his or her room at his or her own discretion.
- To confidentiality of records as stated in section 12(3) of the act.
- The provider will respect and safeguard the resident's rights specified in sub rule (1) of this rule, which states: Upon a resident's admission to the home, a licensee shall inform the resident or the resident's designated representative of, explain to the resident or the resident's designated representative and provide to the resident or the resident's designated representative a copy of all the above resident rights.



Exhibit D

Guidelines for Specialized Residential Service Providers

Revised: 1/5/07; 12/2014

All providers offering Specialized Residential Services under the auspices of Saginaw County Community Mental Health Authority (SCCMHA) must comply with the following regulations:

- The Michigan Department of Consumer and Industry Services Division of Adult Foster Care Licensing (CIS) (Licensing information can be found at www.michigan.gov/mdhhs)
- The Michigan Department of Health and Human Services Certification Requirements for a Specialized Program; and
- The Michigan Mental Health Code, including Chapter 7, Recipient Rights.

Copies of these rules may be secured from the relevant regulatory body or from SCCMHA, upon request. In addition, provider compliance with the guidelines outlined in this document is required by Saginaw County Community Mental Health Authority.

Licensure:

The provider shall maintain any licenses, certification, accreditation, and authorizations for its services, personnel and facilities, as mandated by law and funding sources. If any such license, certification, accreditation, or authorization is ever suspended, revoked, or expires and is not renewed, the provider shall immediately notify, in writing, SCCMHA's Contract and Properties Manager.

Benefits/Entitlements:

The residential provider is expected to assist all eligible consumers who reside in the home with applying for any food stamps/Bridge Card, reimbursements/entitlements, i.e., SSI, Veterans Benefits, Insurance(s), Medicare, and Medicaid, etc., for which they may be eligible. In addition, the provider agrees to facilitate proper billing of the Qualified Health Plan for medical care received by each consumer by:

- **assuring that** medical providers are aware of consumer insurance, Medicare and Medicaid coverage and any other relevant coverage or benefits which the consumer holds;
- securing medical care for the consumer only through medical providers who are enrolled in the consumer's Health Plan or to whom the consumer's primary physician provides a referral; and by
- securing proper approval from the Health Plan prior to initiating medical care in those instances where it is the responsibility of the consumer to secure prior authorization as opposed to the medical provider.

If the provider fails to adhere to these requirements for medical services covered by the consumer's Qualified Health Plan and the Health Plan denies payment, and/or if the provider fails to secure prior written authorization from SCCMHA for coverage of the cost of services which are needed but are not covered by the Qualified Health Plan, the SCCMHA reserves the right to hold the provider financially responsible for costs incurred to the SCCMHA and/or the consumer for the unauthorized medical care.

Residential providers are required to assist SCCMHA with assuring that all benefits are exhausted before SCCMHA funds being utilized for care and services to the consumer. In addition, residential providers will assist SCCMHA in maximizing consumer use of natural community resources, such as church, human service agency and/or family assistance, in order to avoid unnecessary depletion of consumer resources.

Model Payments, now known as (ASAP) Adult Services Authorized Payments may not be requested or paid to the provider for services rendered to any consumer for the same time period the residential provider is receiving reimbursement from SCCMHA under a contractual agreement for specialized residential services. SSI or other funds received by the provider for provision of room and board to a consumer will be reimbursed to the consumer if the consumer is discharged or leaves the home for any reason before the end of the month for which the room and board was paid. The amount reimbursed to the consumer by the provider will be pro-rated by day.

Authorization of Services:

All providers must have authorization through the consumers case manager/support coordinator in order to be paid for services under SCCMHA specialized residential funding. All authorizations for services must be supported by the consumer plan and based on the consumer need for this level of residential services. Every request for authorization will be reviewed by SCCMHA Care Management staff for medical necessity. If the necessity for the service is not noted SCCMHA Care Management will request additional information from the case manager / support coordinator. If it appears given the information that the consumer could be served under a different level of service care management will request that the case manager/ support coordinator pursue an alternative to meet the consumer needs. Once a provider is authorized, a letter will be sent to the provider with an authorization number which the provider will use to bill services to SCCMHA.

Authorizations for specialized residential services are usually time limited and case managers/ support coordinators will be asked to justify the continued need for the service in this care setting.

As part of the authorization process the case manager /support coordinator will be required to fill out the appropriate Sentri form titled "Licensed Residential Authorization Form, DCH 3803, which has a five column rating system. (See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, CLS, and SIP for assistance with this process)

Home Administration:

Residential providers must have a designated home manager or lead staff who is responsible for the administration of the home and is available to SCCMHA and home staff twenty-four hours a day, seven days a week. Residential providers must supply SCCMHA and home staff with a 24-hour contact number where emergencies can be reported.

Reporting Emergency Situations:

SCCMHA case holders and/or the SCCMHA Contract and Properties Manager should be contacted in the event that there is an emergency situation at the home (i.e. fire, need for evacuation). The SCCMHA Crisis line (989) 792-9732 or 1-800-233-0022 can be used to communicate emergency situations after regular business hours.

SCCMHA case holders should also be contacted as soon as possible whenever a consumer requires emergency medical treatment. This should include any important medical or health changes that have occurred. If consumer attends a day program, Provider should also be in contact with day program staff to relay any information regarding special care, including written instructions as needed. If consumer is receiving nursing services, Provider should also inform consumer's nurse regarding the emergency treatment and any medical or health changes that may have occurred.

If medical treatment is sought and found to be related to a communicable disease that is reportable to SCCMHA based on the SCCMHA Infection Control Policy, this should be reported to Cheryl Carlevato, SCCMHA Infection Control RN by phone.

Staffing:

The provider must maintain staffing at the levels required to provide the residential service for which the provider was contracted and as defined in each consumer's plan of service. (For example, if a home provides care for an individual who has an elopement risk, then that home should never have less than two staff on each shift.) Consumers are to be group supervised, (i.e., staff are typically in visual contact with consumers, but at a minimum within hearing range) at all times, unless otherwise specified in the consumer's plan of service. The provider is required to provide overnight staffing at a level which meets consumer needs and assures consumer safety, and complies with requirements related to foster care licensure and provider contract. *(Please see sample "Staff Schedule" Attachment 1)* In some cases, consumers may require specialized 1:1 staffing to best ensure their safety. This requires approval by the case holder, residential placement committee. This will then need to go to contracts department with a date the home can have staff on board to provide the additional staffing. Provider should note that individualized 1:1 staffing in licensed settings is considered restrictive and must have plans and ways to reduce this restriction written in the consumer plan.

Providers are not authorized to provide staffing beyond normal visitation and support to the consumer while they are in the hospital. In extenuating circumstances, limited staffing during hospital hours may be granted, however such requests **must be pre-approved**. Hospitals will provide staff for consumers in their rooms to assist if the consumer is a fall risk or is exhibiting challenging behaviors. However there are circumstances when consumers are not able to communicate their wants and needs, unable to eat by themselves, or exhibit extreme behavior challenges related to being in an unfamiliar setting and may need a staff that is familiar with the consumer to assist in the hospital. The need for these services should be spelled out in the plan if it is known from prior hospitalizations that this is a concern. If this is not known prior, an authorization can be obtained through the case holder. A request for authorization to provide 1:1 staffing should indicate specific times services will be provided (i.e. meal times, medication administration times, etc.) based on the consumer's needs for this service. When requesting these services, the role of staff providing the 1:1 services should be detailed as to what assistance will

be provided to the consumer while in the hospital. Provider should be aware that 1:1 staffing outside the home is not transferrable between facilities without Care Management approval. This means that if a consumer has 1:1 staffing in the home, consumer's Case Holder will need to seek approval from Care Management for the specialized staffing to continue when they are moved to a hospital setting. The same rule applies if a consumer is transferred from one hospital setting to another; if 1:1 staffing is provided in the first hospital and still needed in the second setting, Care Management will need to approve the transfer, prior to 1:1 staffing occurring at the new facility. Provider should also note that 1:1 staffing outside of the home will not be authorized for consumers if they are admitted to a nursing home setting.

Training:

Provider direct care and home management staff are required to successfully complete the Michigan Department of Community Health approved direct care staff training curriculum. Staff are required to complete the following trainings before being able to work alone in the home:

- 1) Introduction to Residential Services
- 2) Person Centered Planning (annual renewal)
- 3) Recipient Rights (annual renewal)
- 4) Working with People I
- 5) Working with People II
- 6) Nutrition and Food Safety
- 7) Environmental Emergencies/ Fire Safety
- 8) CPR (every two-year renewal)
- 9) First Aid (every two-year renewal)
- 10) Basic Health
- 11) Basic Medications (medication renewal every three years)
- 12) Blood borne Pathogens/ Infection Control (annual renewal)
- 13) Non-Violent Psychological Verbal De-Escalation

Providers must also require all home staff to participate in training as required by SCCMHA and clinician contractors in order to safely and correctly implement each consumer's plan of service, to the extent funded by the provider's contract with SCCMHA. Other SCCMHA required trainings, not mentioned above, include the following:

- 14) Limited English Proficiency (LEP)
- 15) Ethics of Touch
- 16) Cultural Diversity
- 17) HIPAA Privacy (annual renewal)
- 18) HIPAA Security (annual renewal)
- 19) Advance Directives (home managers only)
- 20) Home Manager Training
- 21) Trauma Training

The provider will ensure staff are thoroughly and regularly educated on recipient rights related regulations, emergency preparedness and emergency evacuation procedures and any other training required annually such as person-centered planning, CPR and blood-borne pathogens and infection control.

The provider will not permit untrained staff to provide care to consumers without appropriate on-site supervision by trained personnel. Physical intervention should not be performed by

untrained staff unless an emergency situation calls for such action. The administration of medications as specified in a physician order may not be performed by untrained staff. Only staff certified in medication management are allowed to pass medications in the home. Home staff must first complete the approved group home training curriculum and then be certified by the home manager/ lead staff of the home. Home managers/ lead staff must be certified in medication management by SCCMHA nurses. See SCCMHA policy 03.02.17 Medication Management in Licensed Residential Settings for more details.

SCCMHA staff and contracted staff (case managers, support coordinators, OT's, Psychologists, nurses, etc.) will provide training, at a minimum, to the home manager/lead staff on the implementation of a consumer's plan of service whenever a new or revised plan of service is developed. The provider will notify SCCMHA to request re-in-service of a consumer's plan of service when substantial changes in staffing have occurred. The provider's home management staff are required to review all consumer plans of service with new staff before they are allowed to work directly with consumers.

Direct in-service by qualified individuals is required before any provider staff implement high risk procedures, including but not limited to: physical intervention; transfers, range of motion or other physical manipulation of individuals with chronic contractures or dislocations; injections; management of feeding tubes; therapeutic positioning; and suctioning. The consumer plan of service will specify those procedures which require in-service by qualified personnel and who will perform the in-service.

Providers are to fully comply with SCCMHA Policy 05.06.03- Competency Requirements for the SCCMHA Provider Network, located in the SCCMHA Network Services Provider Manual.

Access and Reporting:

The provider shall provide consumer data and statistical information as required by SCCMHA or its funding sources at such times and in such manner as requested. Authorized representatives of SCCMHA shall have access to the physical plant, consumers, staff, consumers records and records related to maintenance of the physical plant upon request, for monitoring and treatment purposes.

Quality Improvement/Program Evaluation:

The provider agrees to participate in quality improvement activities and to assist SCCMHA in reviewing and evaluating services at intervals to be determined by SCCMHA. *(Please see sample "Provider Quality Improvement Plan" in SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, CLS, and SIP)*

Incident Reporting:

The provider agrees to immediately report via Incident Report any of the following situations (per SCCMHA policy 02.02.10- Recipient Rights - Reporting Unusual or Unexpected Incidents):

- 1) Unusual or unexpected incidents that occur in the lives of a consumer of mental health services that occur while under the services of SCCMHA and the Provider Network will be reported to the SCCMHA ORR within 24 hours. This includes Community Living Services being provided in an independent living setting.
- 2) Incident Reports for Licensed Residential Settings will be completed using a form

approved by MDHHS Licensing; the BCAL-4607 form is included with this policy as an exhibit of an approved form. Incidents for other programs, such as Skill Building and outpatient settings can be completed on the DCH 0044 form, also included as an exhibit to this policy.

- 3) The use of approved physical intervention will be documented on an Incident Report.
- 4) In addition to the Incident Report for a physical intervention, the form called “BMC Incident Report Attachment” (shown as an exhibit to this policy) will be completed and submitted with the Incident Report. The first page is to be completed by the staff filling out the Incident Report and the second page is to be completed by the supervisor or designee.
- 5) Incident Reports are Peer Review documents and are not subject to FOIA requests. Copies of Incident Reports are not given out to anyone including the guardian without a court order signed by a judge.
- 6) Incidents involving a death, or significant physical or psychological injury or serious rights complaint should be immediately reported by phone to the SCCMHA ORR.
- 7) Incident Report forms will be filled out completely. This includes full first names and last names of all staff and consumers, including any witnesses to the incident. No initials should be used unless it involves a consumer from a different county where confidentiality will be an issue.
- 8) Incident Report forms not filled out completely will be returned to the program supervisor with the requirement of that supervisor documenting the appropriate missing information and returning it to ORR within 24 hours of the form being sent back to the supervisor.
- 9) The indication of the Potential Sentinel Event in sentri (Procedure # 2 below) is used only as a process to notify the Chair of the Sentinel Event Review Committee. The final documentation related to the Sentinel Event will be kept in the minutes of the Sentinel Event Review Committee.

Definitions:

Physical Intervention: An approved technique (as trained by the SCCMHA Continuing Education Unit) used to physically assist someone in preventing danger to themselves or someone else.

Restrictive or Intrusive Intervention: A technique described in a Behavior Management Treatment Plan to help to teach someone to reduce negative behaviors. These techniques may only be used when included in a Behavior Management Treatment Plan, written by a Behavioral Psychologist.

Examples:

- **Response Cost:** Someone being asked to apologize to another person after they have done something to them, such as steal an item from them.
- **Over Correction/Positive Practice:** An action intended to exaggerate a point, such as cleaning up a spill and being asked to clean the same area

again even though the spill is already taken care of.

Unusual or unexpected incident: An occurrence that disrupts or adversely affects the course of treatment or care of a consumer that is not expected. 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) Unusual medical problem;
- 4) Trip to the emergency room, express medical services, medical or psychiatric admission to a hospital or treatment facility (this should generate a call to the SCCMHA ORR);
- 5) Environmental emergencies or incidents;
- 6) Problem behaviors, if not addressed in a Plan of Service;
- 7) Suspected abuse or neglect of a consumer;
- 8) Inappropriate sexual acts;
- 9) Suspected sexual abuse;
- 10) Medication errors;
- 11) Medication refusals;
- 12) Suspected criminal offenses involving consumers;
- 13) Every use of physical intervention (see # 5 in the Standards Section above);
- 14) Any significant event in the community involving a consumer;
- 15) Arrests;
- 16) Convictions;
- 17) A traffic accident involving consumers.

In addition to reporting these issues on an Incident Report form, the provider is required to contact the Office of Recipient Rights, Case Holder, and the assigned Nurse if applicable for serious incidents. In the event SCCMHA is closed, the provider shall utilize SCCMHA's 24-hour crisis service for such reports. Written reports must be received by the SCCMHA Office of Recipient Rights within 48 hours. There is a drop box available 24 hours per day for providers to drop off Incident Reports outside the main doors of the 500 Hancock building.

The provider agrees to review all incidents on a periodic basis to look for and act upon trends.

Emergency Preparedness:

SCCMHA suggests that providers maintain a minimum of two days of backup food onsite for emergency purposes (*see attached "Sample Emergency Food List" Attachment 2*). The stored food will be consistent with consumer diet orders including the special needs for persons with diabetes, hypertension etc. Provider is also required to maintain a current agreement for Interim and Overnight Emergency Shelter with an established hotel or motel in the community. There should be documentation on official hotel or motel letterhead of this agreement available in the home at all times. The Emergency Shelter agreement does not require regular renewal; however, Provider should be able to show documented proof, updated annually, that the hotel or motel is currently in business and accepting patrons.

When applicable, Provider will be expected to have a contingency plan made available for each of the following: volunteers and/or pets. The plan(s) should provide detail which discusses the steps Provider will take to ensure consumer safety in the home when volunteer persons and/or pets will be in the home.

Provider to have a vehicle breakdown and accident procedure for staff to follow in case of an emergency. Because staff are sometimes distracted when either of these circumstances occur, the provider should have a step-by-step procedure to follow along with pertinent telephone numbers to contact in case either of these circumstances should arise.

Providers will also maintain an infection control kit, first aid kit and emergency kit. The kit contents listed below meet both SCCMHA and Michigan Department of Health and Human Services (MDHHS) requirements.

Infection Control Kit

The following will also meet OSHA recommendations:

- Disposable shoe covers
- Disposable gown
- Disposable apron
- Disposable mouth/nose cover
- Antiseptic cleansing wipes
- Germicidal wipes
- Spill Kit (including the following)
 - Scooper
 - Sealable scoop bag
- Gloves
- Eye shields
- Body fluid pick up guard
- Absorbent packs
- Bio-hazard bags
- Disposable clean-up towels
- Germicidal floor wipes
- Biohazard identification sticker

First Aid Kit

Staff who work in a licensed facility are required to take CPR and First Aid training. It is mandatory that a First Aid/CPR booklet be given to each participant. Included in that booklet is a list of what should be included in a first aid kit. Items include:

- Disposable gloves
- Antiseptic towelettes
- Safety Goggles
- Red biohazard bags
- Breathing barrier
- Assorted sized adhesive bandages
- Triangular bandages
- Elastic bandages
- Non stick wound dressing
- Roller gauze
- Sterile gauze pads
- Adhesive tape
- Scissors
- Cold pack
- Sterile eye pads
- Eye wash
- Antibacterial ointment
- First aid booklet

Emergency Kits

Should be stored in a waterproof case, in a convenient area, so it is readily available for use. Someone should be assigned to check and restock the supplies regularly. An emergency kit is a bag of supplies – usually a duffle style bag preferably with wheels for easy transport– that is located near the main exit used for fire escape/drills. An emergency kit should also be kept in each vehicle used for transportation. Items that should be included in an emergency bag include:

- List of emergency phone numbers (Home Manager, Case Mgr./ Supports Coordinator, guardians, contracts coordinator, recipient rights, licensing, power company etc.)
- Consumer profiles
- List of medications for each person
- Slippers or disposable foot covers for each recipient
- Emergency type blankets for each person (the small camp style

- emergency blankets that appear like shiny foil)
- Raincoats
- Disposable briefs
- Gloves
- Small first aid kit
- Wet wipes
- Flashlight and extra batteries
- Weather Radio and extra batteries
- Batteries
- Extra keys for the house and vehicles
- Pen/pencil and small note pad
- Bottled water (with date on it)
- Snack food or small reinforcements (individually wrapped crackers or cookies)
- Other Critical Medical Supplies (such as insulin or battery-operated feeding pumps)

Evacuation Difficulty Index (EDI) Scores:

All specialized residential providers are required to complete EDI scores as part of their licensing certification with the Michigan Department of Health and Human Services (MDHHS). These scores determine the ability of staff and consumers to evacuate the home in case of emergency. Scores should be completed annually at minimum. Scores need to be completed within 30 days of any consumer moving into or out of a home. All EDI scoring forms can be printed from the “Licensing” section of the MDHHS website located at: www.michigan.gov/mdhhs/.

Physical Plant:

Consumers will be encouraged to maintain their own personal living quarters. SCCMHA encourages consumers to participate in day-to-day housekeeping chores per their plan of service. Providers are encouraged to document their home's cleaning schedule and inspect their home's physical plant structure and appearance on a quarterly basis using the "SCCMHA Sample Preventive Maintenance Checklist" (*Please see Attachment 4*). Such physical plant inspections including checks for health & safety hazards should be routinely documented and signed off by appropriate home staff or landlord. Any client specific needs such environmental modifications or physical plant repair to ensure the safety of the resident(s) should be requested on the "Durable Medical Equipment/ Environmental Modification Request for Additional Funds" form (*Please see SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, CLS, and SIP for applicable form*). The Durable Medical Equipment/ Environmental Modification Request for Additional Funds should be signed off by the provider and submitted to the consumer case holder. Providers are responsible for all routine maintenance repairs as well as any cost/repair/damage to the physical structure and contents of their home and surroundings caused by negligence on the part of its employees. The SCCMHA auditing and contract departments may request copies of such routine physical plant inspections at any time to ensure quality standards as it relates to the health and safety of SCCMHA residential referrals.

All caustic chemicals and cleaning supplies shall be stored in a locked location to prevent any potential mishaps.

Admissions/Discharges:

The provider shall have the right to reject a request from the SCCMHA for placement of consumer(s) or to terminate an existing placement, providing such action occurs in consultation with the consumer(s), SCCMHA, and with the consumer's legal representative where applicable. Provider must give SCCMHA & the consumer/ guardian 30-day written notice of any consumer placement terminations.

In situations where SCCMHA is contracting all beds in the home, SCCMHA reserves the right to select consumers for placement in the home. Providers will be given opportunity to visit candidates for placement in the home and may request, in writing, SCCMHA reconsider a proposed candidate if the provider believes the home does not have the capacity to meet the needs of the consumer. However, SCCMHA reserves the right to re-evaluate providers who reject consumers without good reason or lack the capability or flexibility to meet the residential service needs of those consumers SCCMHA is obligated to serve under the Michigan Mental Health Code and the terms of SCCMHA's master contract with the Michigan Department of Health and Human Services.

Leave of Absence (LOA):

The provider will ensure consumer(s) have all needed medications, treatments and personal items necessary for proper care during any periods of absence from the home. The provider will inform the individual taking a consumer on a leave of absence of any health and safety precautions in the consumer's plan of service. For consumers with guardians, the provider will obtain prior authorization from the guardian before allowing any individual, other than the guardian, to remove the consumer from the residence for day or overnight visits. An Application for Leave of Absence should be kept on file in the home. Restrictions on leaves of absence can only be made if an acute risk of physical or mental harm to the consumer and/or community has been identified, the restriction is included in the consumer's plan of service and the restriction has been approved by the SCCMHA Behavior Management Committee. (*Please see attached "Application for Leave of Absence" Exhibit J*)

The provider remains responsible for the provision of service in circumstances such as elopement, working, at day program, in the neighborhood, going to the store or movie, etc. even though the consumer is not in the facility or under the direct supervision of the provider

The Medicaid rule regarding not reporting/billing day of discharge is assumed to be a primary rule governing which provider can report/bill that day. The CMHSP/PIHP **cannot** report the day of exit when the consumer is going to another per diem setting.

The same day may **NOT** be reported by two homes (transfers); **NOR** if the person is moving from a certified/licensed setting to a non-licensed setting **NOR** if persons have a hospitalization or nursing home stay; **NOR** as persons terminate the licensed/certified CLS/PC services, including leaving the CMH system. The discharge day or the day the person "moves" to the other setting is not reportable as a CLS/PC per diem by the home for the person is who "leaving".

The "day" of attendance/service is based on the beneficiary receiving at least one activity in Personal Care and/or CLS, and as noted above is not moving that day to another setting (permanently or in the case of hospitalization on a temporary basis).

However, the beneficiary may be absent from the home for other leaves, e.g., visits with family/friends. For both the day they leave and the day they return, **IF** they receive at least one activity in Personal Care and/or CLS, then that day may be reported. If the person is out of the home on leave for an entire 24-hour day, that day is not reportable.

Plan of Service/Records:

The provider agrees to deliver services to each consumer accepted for care in accordance with the consumer's approved plan of service and to make a good faith effort to achieve the goals and

objectives contained within the plan. The plan of service will outline the clinical services to be provided to each consumer. The provider will ensure that all caregivers are updated routinely of any changes in a consumer's plan. If the plan is unclear, the provider will request clarification immediately from the consumer's Case Holder. Consumer plans of service are to be implemented within 24 hours of receipt by the provider. If the provider is unable to implement a plan of service for any reason, they will notify the SCCMHA Case Holder immediately. Please note that all providers have access to consumer plans, for which they are authorized, on SCCMHA electronic medical record called Senti.

The provider agrees to complete daily documentation on each shift reflecting consumer participation in his/her plan of service. The "SCCMHA Licensed Residential Personal Care & Community Living Supports Service Log" will be completed for all SCCMHA consumers served under this contract. *(Please see Attachment 5 "Specialized Licensed Residential Personal Care & Community Living Supports Service Log").*

A daily medication administration/treatment record will be maintained for those SCCMHA consumers requiring medications and treatment. This record is included by the pharmacy when the pharmacy dispenses prescriptions.

Food Acceptance Logs will be maintained when recommended by the dietician, nurse or Case Holder.

Other documentation will be maintained as requested by the SCCMHA Case Holder or Clinicians.

Copies of each consumer's plan of service, assessments, monitoring reports, and relevant medical records shall be retained in the provider's facility. The original or main case record for the consumer will be maintained at the office of the consumer's primary provider.

Medical Appointments:

Providers will monitor the health status of consumers and will ensure that scheduled medical and clinical appointments are made in a timely manner, that the consumer attends the appointments and that resulting reports, prescriptions, evaluations and other documentation are secured by attending staff and implemented promptly and appropriately. The provider will notify the case holder and assigned SCCMHA nurse (if applicable), of reports, medications, treatments, and any additional medical services ordered by the consumer's primary physician or other medical provider. Providers will implement and maintain a log documenting physician appointments, results and recommendations. *(Please see the attached sample of a "Health Visit Record", Attachment 6.)*

The provider will insure that SCCMHA consumers have healthcare appraisals completed as required by Adult Foster Care Licensing Rules and as funded by Medicaid. The appraisal is to include a review of current symptoms, an evaluation of bodily systems, vision and hearing screenings as appropriate and routine lab work, as well as TB screening and an update of immunizations as recommended by the primary care physician. Psychiatric, Speech, Physical Therapy, Occupational Therapy, Psychological, Nursing and Dietary evaluations will be secured for the consumer by SCCMHA as needed and desired by consumer. If a consumer is on medications prescribed by a psychiatrist, regular Medication Reviews by the prescribing

psychiatrist will be scheduled by the provider, unless otherwise specified in the consumer's plan of service.

Do Not Resuscitate Orders:

Providers must comply with current opinions as issued by the Michigan Attorney General's Office regarding the implementation or non-implementation of valid Do-Not-Resuscitate Orders pursuant to the Michigan Do-Not-Resuscitate Procedure Act for SCCMHA consumers. Please reference SCCMHA Policy 03.02.14-Advanced Directives for more information on this topic.

Personal Care:

Providers shall provide consumers with a basic supply of personal care items such as shampoo, toothpaste and deodorant as required by licensing. Consumer items will want to be individually labeled in case they are left in the bathroom, staff will know to whom items belong. Providers will also monitor and maintain any personal care equipment required by consumers. If equipment is in disrepair, the provider will immediately assist the consumer with securing repair or purchasing a replacement. Providers will make every effort to ensure consumers maintain a neat appearance and receive the assistance needed to complete personal care on a daily basis.

Nutrition & Dietary:

Providers will follow and utilize SCCMHA's Guidelines for Dietary Services (located in the SCCMHA Network Services Provider Manual). Provider is also expected to follow the My Plate food guidelines which discusses how much of fruits, vegetables, grains, protein, and dairy should be consumed on a daily basis to ensure a healthy diet. Provider is encouraged to explore the My Plate website at www.choosemyplate.gov for tips to healthy eating and living. It is recommended that a routine cleaning schedule be maintained to ensure cleanliness. Foods are to be monitored for expiration dates and disposed of properly. Wherever possible, provider staff will participate in family style meals with consumers. Providers must pay close attention to altered consistency diets or modified diets; in addition, due to the large number of consumers with swallowing difficulties, SCCMHA discourages the serving of choking trigger foods such as hotdogs, grapes and peanut butter. (Note: Only physicians can order a modified diet or reduced calorie diet.)

Adaptive Equipment:

The provider will ensure all durable medical equipment or assistive devices purchased or rented for the consumer as ordered by the consumer's physician and identified in the consumer's plan of service are readily available and used as prescribed. Providers will also ensure proper maintenance of any adaptive equipment, including immediate repair and making arrangements for loaner equipment for critical items such as wheelchairs. Providers will ensure that consumers with special needs such as incontinence, or other healthcare or behavioral concerns are provided with a regular supply of clean linen and bedding in accord with their needs. Client specific needs for adaptive equipment should be requested on the "Durable Medical Equipment/ Environmental Modification Request for Additional Funds" form. *(Please see SCCMHA Policy 03.02.07 Residential Services for this form)* This form should be signed off by the provider and submitted to the consumer's case holder. Any adaptive equipment should be noted as an 1915 (i) SPA (State Plan Amendment).

Personal Possessions and Funds:

Providers will maintain an inventory list of all consumer's personal items (i.e. TVs, radios) to ensure safekeeping. Provider to update personal possessions inventory at least annually and

preferably as items are bought or brought for consumer into the facility. Providers will ensure consumer clothing is kept in good repair and replaced, as needed. Providers will ensure SCCMHA consumers choose their own clothing and have proper clothing for a variety of activities, occasions and seasons and appropriate for their size, age, and gender. *(Please see attached sample “Consumer Inventory List”, Attachment 7).* Providers will maintain consumer funds according to SCCMHA policy 05.06.08 Management of Consumer Funds.

Individuality/Lifestyle:

Consumers will be able to maintain their own personal lifestyles while respecting other consumers in the home. Consumers will be allowed to personalize their living quarters within reason. Providers will encourage and support consumers to participate in independent decision making as able regarding activities of daily living and in any other life decisions, and to pursue as vital and valued roles in the community as they are able to maintain. Providers are to promote the growth, individuality, development and independence of consumers.

Activities/Recreation:

The provider will offer consumers frequent opportunities for home and community activities and recreation. Providers will allow consumers to choose their own activities, within any limitations defined in the consumer’s plan of service, and where the consumer has not expressed a preference, the provider will plan activities that are age appropriate so as to maintain the dignity of each consumer, and should be as meaningful to the consumer as possible. Activities will be community integrated and offer the consumer the opportunity to interact with other individuals in the community who are not part of the mental health service system. Providers should document such activities to demonstrate compliance to the standard. *(Please see attached sample “Provider Activity Calendar” Attachment 8)* The Home and Community Based Services Rules (HCBS) requires all consumers to be offered more than one community based outing per week.

Transportation:

Providers will provide consumers with appropriate transportation to SCCMHA services, medical appointments and community activities. The provider will have continuous and adequate access to a vehicle(s) for use to evacuate consumers from the residence in case of an emergency. The provider will provide barrier free transportation as required for consumers who utilize a wheelchair or have other significant ambulation deficits.

SCCMHA will provide transportation to and from SCCMHA skill building services as appropriate given consumer needs and the availability of public transportation or natural supports.

Providers will ensure transportation is given to consumers if the need for emergency medical treatment arises. If consumer is attending a day program and a medical emergency occurs, staff currently responsible for the consumer will be required to ensure consumer is given transportation to the medical facility. This may or may not involve the responsible staff transporting the individual. If a consumer requires transportation to a medical facility while at program, consumer’s home staff should be notified immediately. If at all possible, home staff should meet the consumer to provide transportation to the medical facility as necessary. If time does not allow for home staff to transport consumer, it is expected that a staff from the home will meet the consumer at the medical facility as soon as possible to ensure the treating health professional receives any necessary health information. It is the expectation of SCCMHA that

daytime program sites and residential home staff will work together when an injury or illness occurs that requires transportation to and supervision of a consumer while at a medical facility.

Services:

SCCMHA agrees to provide additional mental health services as defined in the plan of service as appropriate for the consumer, given their needs and available community resources. SCCMHA will assign a Case Holder for each consumer in the home to help coordinate their care.

Attachments to this Guideline:

1. Staff Schedule
2. Sample Emergency Food List
3. Sample Emergency Food Menus
4. Quarterly Preventative Maintenance Checklist
5. Personal Care and Community Living Supports Service Log
6. Health Visit Record
7. Consumer Inventory List
8. Sample Activity Calendar

Staff Schedule

Attachment 1

Home Name: _____
Home Address: _____

Month: _____ Year: _____

Staff Name	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Date:																

Total Hours _____ Two Week Total Hours _____
Number of Home Manager Administrative Hours: _____

SAMPLE EMERGENCY FOOD LIST (2 Day Supply)

1 Lg. Jar	APPLESAUCE
2 Cans	APRICOTS
2 Cans	FRUIT (any variety)
1 Box	DRIED FRUIT (raisins, prunes)
2 Cans	FRUIT COCKTAIL
2 Cans	MANDRIAN ORANGES
3 Cans	PEACHES
3 Cans	PEARS
3 Cans	PINEAPPLE TIDBITS
1 Can	APPLE JUICE
2 Cans	GRAPE JUICE
2 Cans	GRAPEFRUIT JUICE
1 Can	FRUIT JUICE
3 Cans	ORANGE JUICE
3 Cans	PRUNE JUICE
1 Can	TOMATO JUICE
2 Cans	BEETS
2 Cans	CARROTS
4 Cans	CORN
4 Cans	GREEN BEANS
4 Cans	PEAS
3 Cans	BEEF STEW
4 Cans	CANNED MEAT
3 Cans	CHICKEN NOODLE SOUP
4 Cans	TUNA FISH
1 Jar	PEANUT BUTTER
1 Jar	JELLY OR JAM
6 Cans	EVAPORATED MILK
1 Box	CEREAL
1 Box	COOKIES
2 Boxes	CRACKERS
1 Box	GRAHAM CRACKERS
1 Box	VANILLA WAFERS
2 Jars	CHEESE SPREAD
2 Cans	PUDDING
4 Cans	SOUP (beef, tomato)
1 Jar	DECAF COFFEE
1 Box	CARNATION INSTANT BREAKFAST
4 Gallons	WATER

SAMPLE EMERGENCY FOOD MENUS**Day 1****Breakfast:**

1 ½ cups Cold cereal with ½ cup chopped canned fruit
 1 cup Milk-diluted (dilute 1 can of milk with 1 can of bottled water)
 1 cup Orange Juice (canned)
 6 Crackers
 as desired Jelly/Jam
 optional Instant decaf coffee

Lunch:

12 Crackers
 1 cup Soup
 ½ cup Carrots (canned)
 ½ cup Pears (canned)
 ¾ cup Prune Juice

Supper:

1 ½ cups Beef Stew (canned)
 ½ cup Apricots (canned)
 1 cup Milk (diluted-see note in recipe above)
 1 cup Green beans

H.S. Snack:

2 Cookies
 1 cup Milk (diluted)

Day 2**Breakfast:**

1 ½ cups Cold cereal with 1 Tbsp. dried fruit, chopped
 1 cup Milk (diluted)
 1 cup Grapefruit Juice (canned)
 6 Crackers
 2 Tbsp. Peanut Butter

Lunch:

12 Crackers
 ½ cup Tuna fish
 ½ cup Tomato Juice
 ½ cup Pudding with 3 vanilla wafers
 1 cup Peaches (canned)

Supper:


1 ½ cups Chicken noodle Soup (canned)
 ½ cup Fruit cocktail (canned)
 1 cup Milk (diluted)
 1 cup Corn (canned)

H.S. Snack:

4 Graham crackers with 2 Tbsp. peanut butter
 ¾ cup Apple juice (canned)

SAGINAW COUNTY MENTAL HEALTH AUTHORITY
QUARTERLY PREVENTATIVE MAINTENANCE CHECKLIST

DESCRIPTION OF MAINTENANCE	1	2	3	4	5	6	7	8	9	10	11	12
Clean Clothes Dryer Lint Filter Each Usage: Service washer & dryer (if necessary)												
Check Refrigerator & Freezer Temperature: door seals & vacuum condenser, cooling units on both												
Check function of all appliance operations												
Check furniture for repair needs												
Clean drapes as needed												
Clean oven, stove hood, and exhaust filter/inspect range elements and burners, clean drip pans												
Clean refrigerator & freezer drip pan												
Check Garbage Disposal guards to assure they are in place												
Check dishwasher function, filter & seals												
Check toilet water supply & functions												
Check grouting and ceramic tiles												
Check caulking around showers, tubs & sinks												
Check water systems for leaks												
Check air pressure in holding tank												
Replace furnace air filters during months of use												
Check gutters and downspouts blockage												
Seasonally mow, prune, shovel snow as needed												
Check interior walls integrity, paint, etc.												
Inspect all floor coverings												
Check integrity of doors & cupboards, hardware and jams, etc.												
Inspect fire extinguishers & detectors (service as needed)												
Check, repair or install storms/screens												
Inspect residence for pest infestations												
Inspect basement or crawl space for damage												
Check all floor drains and clean as needed												
Check septic system and pump out if needed												
Inspect all exterior & interior lighting & electrical outlets												
Check attic for hazards or water leaks												
Service water heater, elements, burner, etc.												
Inspect well controls and motor												
Inspect chimney & vents												
Lubricate & adjust garage doors												
Check garage area for cleanliness												
Check outside of home & grounds for wear & tear such as cracks in cement, etc.												
Have furnace & air conditioner checked by qualified professional Annually												

 <p>SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</p>		<p align="center">Specialized Licensed Residential Personal Care & Community Living Supports Service Log</p>																												<p>R = Refusal LOA = Leave of Absence / = In Hospital E = Elopement O = Other</p>	
Name:														Case Number:																	
Home:														Month & Year:																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Personal Care																															
Transferring	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Ambulation/Mobility	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Eating	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Toileting	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Bathing	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Dressing	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Grooming	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Taking Medication	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Special Food Prep, Laundry, Housekeeping	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Community Living Supports																															
Meal Preparation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Shopping for food & other necessities of daily living	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Money Management	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Non-medical care (not requiring nurse or physical intervention)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Socialization & relationship building	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Transportation (to/from community activities excluding medical appts.)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Participation in regular community activities & recreation opportunities (e.g. attending classes, movies, concerts, & events in the park; volunteering, voting)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Attendance at medical appointments	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Acquiring or procuring goods, other than those listed under shopping & non medical services	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Instructions: Please verify with staff initials per shift (1st & 2nd) of staff completing duties. Services provided based on consumer's assessment & PCP.																															

[illegible]

Date of Review & Approval:_____

[illegible]

*IR – Incident Report; Behavior & Emergency Treatment Section

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Consumer Inventory List

[illegible]

Staff Signature:_____ **Date:**_____

Consumer/Guardian Signature:_____ Date:_____

PROVIDER ACTIVITY CALENDAR

January 2005

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 GROUP WALK at SAGINAW TOWNSHIP REC CTR
2	3	4 CURRENT EVENTS NIGHT	5	6	7 MOVIE & POPCORN NIGHT	8 Swimming at the YMCA
9 BAKING NIGHT	10	11 DANCE NIGHT	12	13	14 DOLLAR BILL STORE	15
16	17	18 CURRENT EVENTS NIGHT	19	20 LIBRARY	21	22 SHRINE CIRCUS
23 SNOW FESTIVAL- FRANKENMUTH	24	25	26 DISCUSSION ABOUT HEALTHY FOOD CHOICES	27	28 DOLLAR BILL STORE	29
30 SUPER BOWL SUNDAY	31					

ksl 1/18/05 JJK 7/2/14



Licensed Specialized Residential Provider Guidelines For Personal Care and Community Living Supports

Revised 6/29/09 tp

This guideline outlines requirements for all specialized residential providers regarding the provision of personal care and community living supports (CLS) services to consumers receiving SCCMHA funded specialized residential services.

Personal Care

Personal Care Services are those services that are provided in accordance with an individualized plan of service that assist a person by hands-on assistance, guiding, directing, or prompting personal activities of daily living in at least one of the following activities:

- Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure, (e.g., a beneficiary requires special dietary needs such as pureed food).
- **Eating and Feeding:** The process of getting food by any means from a receptacle (plate, cup, glass) into the body. This item describes the process of eating after food is placed in front of an individual.
- **Toileting:** The process of getting to and from the toilet room for elimination of feces and urine, transferring on and off the toilet, cleansing self after elimination and adjusting clothing.
- **Bathing:** The process of washing the body or body parts, including getting to or obtaining the bath water and/or equipment, whether this is in bed, shower, or tub.
- **Grooming:** The activities associated with maintaining personal hygiene and keeping one's appearance neat, including care of teeth, hair, nails, skin, etc.
- **Dressing:** The process of putting on, fastening and taking off all items of clothing, braces and artificial limbs that are worn daily by the individual, including obtaining and replacing the items from their storage area in the immediate environment. Clothing refers to the clothing usually worn daily by the individual.
- **Transferring:** The process of moving horizontally and/or vertically between the bed, chair, wheelchair and/or stretcher.
- **Ambulation:** The process of moving about on foot or by means of a device with wheels.
- **Assistance With Self-Administered Medication:** The process of assisting the person with medications that are ordinarily self-administered, when ordered by the person's physician.

Community Living Supports (CLS)

Community Living Supports services are used to increase or maintain personal self sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. Community Living Supports services include the following:

Assisting, reminding, observing, guiding and/or training in the following activities:

- **Meal Preparation**
- **Laundry**
- **Routine, seasonal, and heavy household care and maintenance**
- **Activities of daily living (e.g., bathing eating dressing, personal hygiene)**
- **Shopping for food and other necessities of daily living**

Staff assistance, support and/or training with activities such as:

- **Money Management**
- **Non-medical Care** (not requiring nurse or physician intervention)
- **Socialization and Relationship Building**
- **Transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence** (transportation to and from medical appointments is excluded)
- **Participation in regular community activities and recreation opportunities** (e.g. attending classes, movies, concerts and events in a park; volunteering; voting)
- **Attendance at Medical Appointments**
- **Acquiring or procuring goods, other than those listed under shopping, and non-medical services**

Reminding, observing and/or monitoring of:

- **Medication Administration**

The need of each consumer for personal care and community living supports services must be assessed by Saginaw County Community Mental Health Authority and the prospective residential provider upon placement of the consumer in a residential setting.

SCCMHA case holders will document the assessment of personal care and community living supports needs by completing the Licensed Residential Authorization page in Sentri. (Within this See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, CLS, and SIP for assistance with this task)

The residential provider will document their assessment of the consumer's personal care & community living supports needs by completing the "Assessment Plan for AFC Residents" form in accordance with the Michigan Department of Health and Human Services (MDHHS) Adult Foster Care Licensing regulations (please see attached sample Exhibit M). This form can also be printed from the MDHHS website at www.michigan.gov/mdhhs.

The personal care and community living supports needs identified in the assessment that require intervention will be addressed in the SCCMHA plan of service.

Providers must document provision of personal care and community living supports assistance on the SCCMHA form titled, "Specialized Licensed Specialized Residential, Personal Care and Community Living Supports Service Log" (please see Attachment 5 form Within Exhibit E). This documentation must take place on a daily basis.

The continuing need for personal care and community living supports services must be re-assessed at least annually and the consumer plan of service revised accordingly.

ASSESSMENT PLAN FOR AFC RESIDENTS
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Exhibit F

INSTRUCTIONS:

1. A written assessment plan is required. The licensee is responsible for assuring that a written assessment plan is completed.
2. This form has been approved by the Department of Licensing and Regulatory Affairs and contains the information required by administrative rule and Section 3 (9) of 1979 P.A. 218.
3. This form is to be completed by the licensee and resident, or the resident's designated representative. The responsible agency, if any, may assist in this process.
4. Use additional sheets if necessary and **PRINT CLEARLY.**

Name of Resident <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Name of Designated Representative (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date of Birth <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Sex <input type="checkbox"/> M <input type="checkbox"/> F
---	--	--	--

I. SOCIAL/BEHAVIORAL ASSESSMENT PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

	Yes	No	IF NO, Describe Needs and How They Will Be Met
A. Moves Independently in Community	<input type="checkbox"/>	<input type="checkbox"/>	
B. Communicates Needs	<input type="checkbox"/>	<input type="checkbox"/>	
C. Understands Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	
D. Alert to Surroundings	<input type="checkbox"/>	<input type="checkbox"/>	
E. Reads and Writes	<input type="checkbox"/>	<input type="checkbox"/>	
F. Tells Time	<input type="checkbox"/>	<input type="checkbox"/>	
G. Manages Money	<input type="checkbox"/>	<input type="checkbox"/>	
H. Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	
I. Controls Aggressive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	
J. Controls Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	
K. Gets Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	
L. Exhibits Self Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	
M. Participates in Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	
N. Smokes	<input type="checkbox"/>	<input type="checkbox"/>	
O. Appropriately Uses Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	

See Page 4 for Non-discrimination and ADA statement

Continued on Next Page

II. SELF CARE SKILL ASSESSMENT**PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)**

	Needs Help		IF YES, Describe Needs and How They Will Be Met
	Yes	No	
A. Eating/Feeding	<input type="checkbox"/>	<input type="checkbox"/>	
B. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	
C. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	
D. Grooming (hair care, teeth, nails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
E. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	
F. Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	
G. Walking/Mobility	<input type="checkbox"/>	<input type="checkbox"/>	
H. Stair climbing	<input type="checkbox"/>	<input type="checkbox"/>	
I. Use of Prosthesis (Dentures, Artificial limbs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
J. Use of Assistive Devices (explain)	<input type="checkbox"/>	<input type="checkbox"/>	
K. Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	

III. HEALTH CARE ASSESSMENT**PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)**

	Yes	No	IF YES, Describe Needs and How They Will Be Met
A. Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	
B. Special Diets	<input type="checkbox"/>	<input type="checkbox"/>	
C. Physical Limitations	<input type="checkbox"/>	<input type="checkbox"/>	
D. Special Equipment Used (Wheel chair, Walker, Cane, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
E. Other Difficulties (Vision, Weight, Allergies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
F. Susceptible to Hypothermia or Hyperthermia	<input type="checkbox"/>	<input type="checkbox"/>	

Continued on Next Page

IV. SOCIAL AND PROGRAM ACTIVITIES PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

	Yes	No	Explain How These Activities Will Be Provided or Encouraged
A. Participates in Religious Practice	<input type="checkbox"/>	<input type="checkbox"/>	
B. Participates in Household Chores	<input type="checkbox"/>	<input type="checkbox"/>	
C. Adult Activity Program	<input type="checkbox"/>	<input type="checkbox"/>	
D. Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	
E. Workshop or job	<input type="checkbox"/>	<input type="checkbox"/>	
F. School	<input type="checkbox"/>	<input type="checkbox"/>	
G. Hobbies/Special Interest	<input type="checkbox"/>	<input type="checkbox"/>	
H. Recreation	<input type="checkbox"/>	<input type="checkbox"/>	
I. Physical Exercise	<input type="checkbox"/>	<input type="checkbox"/>	
J. Family/Friends (Please Address Any Applicable Visitation Prohibitions and/or Other Considerations)	<input type="checkbox"/>	<input type="checkbox"/>	
K. Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	

V. MEDICAL INFORMATION

Name of Primary Physician/Clinic		Telephone Number	
Primary Physician's Complete Address (Street Number and Name)	City	State	Zip Code

V. MEDICATIONS TAKEN AT TIME OF ASSESSMENT

Name of Medication	Who Prescribed	Dosage

Continued on Next Page

Exhibit G



Quality of Life Home Visit Report

Date of Visit: _____ Time of Visit: _____ QOL Auditor Name(s): _____

Group Home Name: _____ Address: _____

Service Provider: _____ Number of Staff Present: _____

Names of Staff on Duty: _____

Number of Residents Living at this home: _____ Men _____ Women _____

Name of Resident Interviewed: _____ Staff Assisting Interview: _____

Resident Feedback

1. What were the residents doing when you arrived?

2. How does the resident interviewed make meaningful choices in his/her life (large and small)?

3. How does the resident decide when to go to bed and get up?

4. Does the consumer that your talking to have at least one activity of his/her choice outside the home per week? Examples of the activity? If no what would they like to do?

5. Are there residents that stay home during the day (do not attend a skill build program, supported employment program or clubhouse)? What things do they do when they stay home all day? Do they go anywhere?

6. Does the resident connect with friends and relatives outside of the group home setting? If so, what kind of activities do they do?

7. Does the individual participate in activities with other group home residents? List examples.

8. Does the individual like where he/she lives? What are likes & dislikes of the group home setting?

9. Does the home do any type of exercise? What types?

10. How often does the home eat fast food or got out to a restaurant a week?

11. How does the individual gain access to his/her money?

12. What were the staff doing when you arrived?

Volunteer Feedback

13. Is the menu posted, and did it match the account of what consumers ate? ☐ Yes ☐ No

14. Are there grocery items to match menu for the next two days? ☐ Yes ☐ No

15. Is there fresh milk (not powdered) in the refrigerator? ☐ Yes ☐ No

16. Are there fresh fruits and vegetables available? ☐ Yes ☐ No

17. Are there sheets, mattress pads, pillows, and blankets on the beds? ☐ Yes ☐ No

18. Are there soap and towels available in the bathroom? ☐ Yes ☐ No

19. Is the medication cupboard locked? ☐ Yes ☐ No

20. Is there a communication book for staff, and is it up to date? ☐ Yes ☐ No

21. Is the living area free from health and safety hazards? ☐ Yes ☐ No

22. Is the kitchen area free of health and safety risks? ☐ Yes ☐ No

23. Is the residence a "home"? ☐ Yes ☐ No

24. What is the "mix" of consumers in the home?

Are there any additional comments or issues that need to be addressed?

Quality of Life Auditor Signature

Distribution: 1 Copy SCCMHA, 1 Copy Owner/Administrator
2/07, revised JRM 2012



Checklist for moving consumers into Licensed Residential Facilities

It is the philosophy of SCCMHA to encourage consumers to reside in the least restrictive and most supportive setting AFC placement is the most restrictive type of setting offered and should be a last resort after considering or attempting other options such as CLS support for independent living and SIP.

The following checklist is to assist in assuring that the necessary steps are completed for placement into an AFC Home, Specialized or General. **Prior to any move, the Case Worker should consult with their Supervisor.**

PRIOR TO MOVE-IN, the Case Worker should:

- ☐ Obtain approval for the move from individual with authority to approve the move (consumer, guardian, court order, Supervisor, etc.) NOTE: Any out-of-county moves require the approval of the Director of Clinical Services.
- ☐ Determine level of staffing needed by the consumer and review potential placements based on the level of staffing required.
- ☐ Review list(s) of potential homes, contacting home and discussing needs regarding placement. You cannot provide specific or identifiable information to the home at this point.
- ☐ Determine appropriateness of placement including, if needed, touring home, reviewing Incident Reports regarding home, other potential concerns with home
- ☐ Obtain signed *Release of Information* to provide information, and discuss consumer needs with the potential home. These documents should be pertinent to the placement and must include:
 - ☐ Person-Centered Plan (PCP)
 - ☐ Annual Assessment
 - ☐ Other documents that would be a factor in determining placement.
- ☐ Discusses these placement factors with the home (the consumer and/or guardian if applicable)
 - ☐ Accommodations the consumer may require, including work, family, program.
 - ☐ Staffing and equipment needs for personal care and health and safety issues
 - ☐ Home rules and regulations
 - ☐ Additional charges the home assesses on the consumer for services (such as transportation, shopping for items, etc.)
 - ☐ If this is a Specialized Residential placement, determine if temporary intensive staffing will be required to assist with transition and request prior to consumer move-in.
- ☐ Discuss the placement with consumer/guardian.
- ☐ Have consumer and/or guardian tour the new home and met new provider and staff.
- ☐ Determine approval of move by home and consumer or guardian.
- ☐ Discuss with the home any special transitioning accommodations for the move such as: visits to the home to get comfortable with the environment, overnight stays prior to move, visits by staff to the previous setting.
- ☐ Set move-in date
- ☐ Notify current residence if required (may need 30 day notice if under contract with SCCMHA)
- ☐ If attending a work or day program or clubhouse, directly contact to notify of change of address and ridership. (Community Ties will also require a *Change of Ridership* form completed).
- ☐ Update Annual Assessment if significant changes such as needing more care, more restrictive environment, etc
- ☐ **If this is a new Specialized Residential Placement:**
 - ☐ Enter a Residential Budget in Senti
 - ☐ Start the Person-Centered Planning process within seven (7) days of move-in:
- ☐ **If moving from one Specialized Residential setting to another**
 - ☐ Update the PCP using a Periodic Review. Include
 - ☐ Changes in needs
 - ☐ Requirements for the home to provide to the consumer
 - ☐ Terminate the Residential Budget for the previous home
 - ☐ Enter a Residential Budget for the new placement
- ☐ **If moving from more restrictive setting to a lesser restrictive setting**, start the Person-Centered Planning process within seven (7) days of move-in.
- ☐ Inform home of appointments, current pharmacy, physician.
- ☐ Request provider to prepare any forms Case Worker will need to sign. These are listed below.
- ☐ A form BCAL 3947 Physical/Health Care Appraisal-available from Michigan Department of Human Services (DHS)-is required within 90 days **prior** to move. If this is an emergency placement then the provider has **30 days** after placement to get a Physical/Health Care Appraisal completed by the Primary Care Physician or Nurse. (Emergency placement is defined in the *DHS Licensing Rule Books*)



Checklist for moving consumers into Licensed Residential Facilities

ON DATE OF MOVE: Case Worker:

- ☐ Provide home with additional documents, including
 - ☐ Guardianship Papers (if applicable)
 - ☐ Medications dosages and times
 - ☐ Medical information to new provider
 - ☐ PCP indicating home's responsibilities and services to provide
 - ☐ Crisis Plan
 - ☐ Personal Care/Community Living Supports information
- ☐ Provide home with the list of scheduled medical appointments. These appointments should include: eye, hearing, dental, neurology, psychiatrist, therapy and primary care physician etc. as they pertain.
- ☐ For MPS, end date the old placement and start the new placement.
- ☐ Assure consumer mail will be forwarded to new placement.
- ☐ Provide information for the home to complete the AFC assessment plan (BCAL 3265), and sign as the agency designee.
- ☐ Provide information for the home to complete the Resident Care Agreement (BCAL 3266) with guardian or consumer.
- ☐ Send DHS 3471 to:

1. Social Security Administration	2. Michigan Department of Human Services
611 East Genesee	P.O. Box 5070
Saginaw, MI 48607	411 E. Genesee, Saginaw, MI 48605

Review with home the items and frequency that the Case Worker will be monitoring the home using the **Licensed Residential Setting Checklist & Worksheet** and other areas including:

- ☐ Checking for health and safety concerns
- ☐ Reviewing the physical condition of the home
- ☐ Asking consumer about meals
- ☐ Checking menu items to see if it matches posted menu
 - ☐ Checking availability, expiration, status, freshness, of groceries (two days menu)
 - ☐ Checking consumers access to fresh fruits/vegetables and snacks
 - ☐ Checking Medication Logs for accuracy: new medications started, Rx matches from last doctor appointment, allergy information present, signatures current,
 - ☐ Observing the security of medication storage, dispensing of medications (including preparation, safety and documentation).
 - ☐ Reviewing Resident Fund Sheets to match current money consumer has with items on fund sheet and reviewing receipts, how funds are dispersed to consumer, and if consumer verifies getting funds.
 - ☐ Checking additional costs or charges to consumer. Home is not allowed to charge for meals that are part of Room and Board (i.e. breakfast, lunch, dinner), certain transportation or shopping, basic personal care items, toothpaste, toilet tissue, deodorant, laundry detergent, etc.
- ☐ Reviewing communication logs including assuring incident reports written as necessary
- ☐ Reviewing progress notes
 - ☐ Checking incident reports that were written.
- ☐ Reviewing with home trends that indicate a need to change PCP
- ☐ Reviewing recurrent behavioral concerns including: possible causes for behaviors and need for referral for Behavior services.
- ☐ Reviewing other trends or new needs for equipment or other physical environment modifications
- ☐ Reviewing results of any recent medical appointments for concerns or changes in consumer medical condition that might require change in PCP.
- ☐ Reviewing for any Enhanced Health Issues
- ☐ Initialing & dating reviewed reports

ON DATE OF MOVE: Home

- ☐ Must have Physical/Health Care Appraisal (BCAL 3947) completed no more than 90 days prior to move.
- ☐ Make sure copies of Person Centered Plan, Adequate Action Notice, Consent forms, Crisis Plan, Guardianship Papers, Personal Care/Community Living Supports information
- ☐ Complete the Resident Care Agreement and AFC Assessment Plan is complete.
- ☐ Complete the Resident ID Record (BCAL 3483) which is required by FIA/licensing regulations.
- ☐ Review Recipient Rights and House Rules with consumer.
- ☐ Start and sign Resident Funds Part I and Part II (BCAL 2318 & BCAL 2319)
- ☐ Create Weight Record form (BCAL 3485)
- ☐ If applicable, create Seizure Log

Chart: Do not file

JKK 11/5/04 revised 02/07/06, 8/25/06, 11/27/06, 03/02/10, 3/4/14
Page 2 of 2



Exhibit I

Leave of Absence Form

The purpose of this form is document absences from the residential facilities as a way for the homes to plan staffing, to be able to locate a consumer if the need arises during an absence and to assure medications are available for a consumer while on leave.

Name of Consumer: _____ Case #: _____

Facility: _____ Date of Departure: _____

Type of leave: Partial Day ☐ Expected time of return: _____Overnight or longer ☐ Expected Date of return: _____

Expected Time of return: _____

Person accompanying consumer while on leave:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Cell phone: _____

If consumer has a guardian, has guardian given consent for this consumer to go on leave with the person identified above:

Yes ☐ No ☐

It is important that medications are given as prescribed.

I understand (recognize) that the accompanying medication(s) are not packaged in child resistant containers and I will take appropriate precautions to keep them out of reach of small children.

Release of Consumer

Are medications being sent with consumer?

Yes ☐ No ☐

(If yes list below)

Name of medication/strength Amount Sent

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee releasing medication(s):

Signature: _____

Title: _____

Date: _____ Time: _____

Return of Consumer

Amount of Medications Returned (if any)

Inspection/Comment on return:

Employee receiving any medication(s):

Signature: _____

Title: _____

Date: _____ Time: _____

I have had the opportunity to ask questions about administering the medications: Yes ☐ No ☐

Signature of person accompanying _____ on leave. _____

(Signature)

(Date)

CMW 10/1/98; revised KSL 7/30/05; revised JJK 6/2010

SCCMHA 911 Guidelines

SCCMHA understands that there may be situations when 911 must be called in a home setting. Even with the best efforts of SCCMHA and home staff, not all situations can be anticipated. A good example of this is if a weapon is identified, or if there is eminent and reasonable belief that someone will be seriously harmed. If staff or visitors are exhibiting suspected criminal behavior - regardless of whether there is an immediate threat to consumer safety - would also be an example to call 911. Another obvious situation is if there is an intruder in the home or eminent threat outside the home. An additional example of course is always when the home is in need of immediate medical response. (police vs. ambulance or fire) SCCMHA will not second guess or penalize homes for contacting 911, if in their best situational judgment, such intervention is needed to prevent serious harm.

However, SCCMHA as well as MDCH do emphasize prevention and planning as an effective tool in managing consumer behavior and ensuring the safety and welfare of all in the home, consumers and staff. It is expected that staff will have a basic knowledge of protocols to follow when an escalating incident occurs. SCCMHA recommends that home staff discuss possible or even probable scenarios or situations and make plans for how such would be managed in advance of any situation. Such planning also serves to help staff stay calm in situations as they understand what the plan is to be and can execute such as discussed prior to the actual situation. Staff are less likely to act in any inappropriate manner if they have a plan at their ready availability. Staff should be familiar with specific consumer behavior plans and be ready to respond proactively, with emphasis on prevention of behavior escalation whenever possible. In some circumstances it might be advisable to practice the preferred response or several possible responses, including distracting techniques when appropriate. Calling 911 to simply prevent or even halt minor property destruction is not recommended by SCCMHA. Again, if there is a history of such potential behavior, preventative steps should be taken to protect consumers and staff whenever possible, which will also result in property protection.

It is also the expectation of SCCMHA that if 911 must be contacted for a situation, a debriefing will occur to plan for a second similar occurrence, with an emphasis on prevention of a similar occurrence where ever possible. For consumers where it might be anticipated that a behavior might occur, either a crisis plan developed with a consumer and/or a behavioral treatment plan should be pursued. Giving consumer's ownership of how staff can assist them to prevent situations where feasible is highly recommended, although it is recognized that this may not always be feasible with all persons, but this should always be the preferred goal. Emphasis on the development of positive relationships and interactions with consumers, at the times when a negative behavior is not present, is also recommended. Prevention assists consumers to avoid being in a situation or getting to the point where they feel their only resort is to act out or face negative consequences, including 911 calls and/or police at the setting. Under no circumstances should be calling 911 be used as a routine or periodic threat or consequence of any kind for consumer behavior.

Along with physical management techniques, to be used as a last resort, redirection, de-escalation and other calming techniques should be used, even if 911 is being contacted simultaneously. One plan could involve the ability to dispatch extra staff if the distance is reasonable. If a consumer is known to tend to react to a trigger, then all appropriate methods should be used to prevent or avoid that trigger likely to induce a reaction. If certain times or situations are a trigger, scheduling an extra staff member to help start a pattern of behavior prevention might be appropriate.

All behavior is a result of some intent or reaction, and getting to the source of the cause when feasible can assist in developing avoidance, prevention, and management methods, helping consumers as well as staff to avoid potential 911 and/or other higher risk situations.

March 2012

Clinical Services Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Clinical Staff Supervision	Chapter: 09.06.00 - Clinical Services	Subject No: 09.06.00.01
Clinical Services		
Effective Date: 3/1/04	Date of Review/Revision: 3/4/04, 6/25/13, 7/21/16, 2/14/17, 3/1/18, 2/12/19, 2/7/20, 3/24/21, 8/25/21, 10/24/22	Approved By: Kristie Wolbert, Executive Director of Clinical Services Authored By: Executive Director of Clinical Services Reviewed By: Clinical Directors
	Supersedes:	

Purpose:

The purpose of this policy is to set standards for staff supervision. Supervision activities at the agency are intended to support the leadership development, retention, and professional growth of staff. There are two aspects to the process. The first involves the orientation and training of new staff or existing staff who are assuming new or additional duties. The second aspect involves assisting all staff to identify areas of potential growth and improvement and to provide staff the necessary tools to meet or exceed all applicable clinical and non-clinical performance standards.

Application:

Board-operated clinical services and programs.

Policy:

It is the policy of Saginaw County Community Mental Health Authority that the supervisor's responsibility is to provide proactive management and to demonstrate the following leadership qualities:

- The ability to create a work environment that is attractive to others
- An awareness of organization and staff needs and concerns
- The ability to face challenging times with professional decorum
- Knowledge of the work-related subject matter assigned to staff under his/her supervision
- An enthusiasm for work accomplishments
- The ability to look at the lighter side of issues
- An understanding of secondary trauma and its effects

It is the policy of Saginaw County Community Mental Health Authority that the supervisor is expected to provide decision making skills that align with the vision, mission and values of the agency. Decisions should always reflect the requirement to provide person centered, cost effective, quality services.

It is the policy of Saginaw County Community Mental Health Authority that the supervisor is to provide consistent and regular constructive feedback to staff regarding the employee's performance of assigned duties and efforts he/she is making to improve and grow professionally.

It is the policy of Saginaw County Community Mental Health Authority that it is the responsibility of the supervisor to assist each staff member under his/her supervision to develop and carry out a staff development plan. This plan will initially focus on mastering current assigned duties but will eventually shift more and more to potential career growth and the development of new leadership and skill competencies.

It is the policy of Saginaw County Community Mental Health Authority that it is the responsibility of the supervisor to require that staff under his/her supervision take advantage of the various supervision activities made available to him or her.

Standards:

The supervisor will review this policy with all staff upon employment and with current staff, as needed during coaching or disciplinary sessions. For new staff, the supervisor will complete the "Commitment to Supervision Statement" verifying that they reviewed the policy with the staff person.

Three types of supervision will be provided by each supervisor to staff under his/her chain of command:

- Administrative Supervision
- Clinical Supervision
- Case Specific Clinical Supervision

Administrative Supervision: The goal of administrative supervision is to assure that all staff are aware of their job responsibilities, the vision and mission of the agency and the policies and practices of the agency. Administrative supervision is typically provided through regular unit or department staff meetings. An agenda is prepared, and the time is utilized to update staff on changes within the agency, reviewing performance data, or educating staff about changing expectations. All supervisors are expected to hold monthly staff meetings.

New employees should receive administrative supervision on at least a weekly basis for a minimum of three months. This time should be utilized to assure that the new employee is properly oriented to their job responsibilities and have the tools necessary to perform the work expected of them. These weekly sessions should be for a minimum of thirty minutes.

Clinical Supervision: This supervision is provided to all clinical staff to assist them to provide quality consumer care. Clinical supervision focuses on building a clinician's skill level in such areas as effectively assessing consumer needs, developing treatment plans utilizing a person-centered process and applying appropriate therapeutic approaches to consumer needs/issues in general.

In units doing very specific clinical or evidenced based practices, clinical supervision should be provided for all clinicians on a weekly basis. This supervision can occur in group settings or individually as necessary. For new clinicians (for at least 6 months) or clinicians developing a new clinical skill, individual supervision will be provided on a weekly basis for a minimum of 20 minutes.

For units providing case management and supports coordination services, clinical supervision occurs through a monthly coaching session, or upon review of psychosocial assessments and Individual Plans of Service (IPOS). Each supervisor will review these as part of the monthly coaching or more as needed. The purpose of the review is to assure that staff have adequately assessed the needs and desires of the consumer and have documented that a person-centered planning process was utilized to develop the treatment/support plan.

Case Specific Clinical Supervision: This supervision involves the supervisor's review of a particular case being managed by a clinician under supervision. This supervision can be initiated by the supervisor or by the clinician seeking direction.

For units doing very specific clinical work, such as Family Services, this supervision should be provided at least monthly and can be achieved in individual supervision, group supervision or through direct review of a record.

For units providing case management and supports coordination services, this supervision should be provided on an as needed basis at the discretion of the supervisor or at anytime that a staff person request direction regarding a particular case. It is expected, however, that each supervisor completes a review of at least 10% of each clinician's caseload prior to completing the clinician's performance review. The findings of these reviews should be incorporated into the performance review. Ideally, these reviews should occur throughout the year with ongoing constructive feedback provided to the clinician.

Supervisors will meet monthly with each clinical staff to provide individualized coaching and review of all three supervisory areas. The content of the meeting will be documented on the most recent version of the Individual Staff Coaching Log which will be reviewed at each coaching meeting and used in employee evaluation.

The coaching logs may be reviewed as part of Supervisory coaching by the Clinical/and or Departmental Director. The logs may also be reviewed annually by peers as part of a supervisors meeting.

Addressing Secondary Trauma through Supervision:

SCCMHA recognizes that staff may experience secondary trauma pursuant to working with consumers who have experienced trauma. Supervisors should make every effort to address secondary trauma among their staff members. All supervisors should take the following steps:

- In order to heighten staff awareness of secondary trauma and its impact on their well being, supervisors should require that all staff complete the Professional Quality of Life Scale (ProQOL) during monthly staff meetings in February and October each year.
 - While not mandatory, staff will be encouraged to share their results with their supervisor, and the Supervisor will use the individual's results as part of coaching the staff.
 - The Supervisor will compile and report on the cumulative (not individual) results with the unit.
 - The cumulative findings will be forwarded to the Director and a cumulative result for the department will be reviewed and shared at the next Supervisors Meeting for discussion and any possible actions to address concerns.
- During each individual supervision session, it is important that the supervisor “check in” with their staff addressing their well being starting with questions such as “how are you feeling?”
- During monthly staff meetings, secondary traumatic stress should be added as a standing agenda item asking questions of staff such as...” Are there situations that went on this week/month that might have generated secondary traumatic stress?” Allow adequate time for group discussion.
- During both individual and group supervision, the importance of self-care should be discussed and reinforced.
- It is recommended that each supervisor develop wellness goals for each staff person during the annual evaluation process.

Documenting Supervision: A standard supervision log has been developed and should be used by all supervisors to document individual supervision with their staff.

Definitions:

Administrative Supervision: A type of supervision that is provided to assure that staff are aware of their job responsibilities, the vision and mission of the agency and the policies and procedures of the agency. It is through this type of supervision that are made aware of changing expectation policies etc.

Clinical Supervision: A type of supervision provided to clinical staff to assist them to provide quality consumer care. Clinical supervision focuses on building a clinician's skill level in such areas as effectively assessing consumer needs, developing treatment plans utilizing a person-centered process and applying appropriate therapeutic approaches to consumer needs/issues in general.

Case Specific Clinical Supervision: Supervision which involves the supervisor's review of a particular case being managed by a clinician under supervision

References:

MTM Services "Supervision Plan"

Exhibits:

Exhibit A - Commitment to Supervision Statement

Exhibit B - Supervision Log

Exhibit C - Professional Quality of Life Scale (ProQOL)

Procedure:

ACTION	RESPONSIBILITY
Establishes policy and expectations regarding the type and amount of supervision to be provided.	Director of Clinical Services
Provides supervision to all staff under their chain of command according to the policy established.	All supervisors
Reviews the Supervision policy as needed with existing staff. With new staff, reviews procedure and signs the "Commitment to Supervision" form verifying that review.	All supervisors
Actively participates in all supervision activities made available.	All staff
On a monthly basis, meets with each clinical staff individually for coaching in all three types of supervision using the Individual Staff Coaching Log. Documents coaching results on Individual Staff Coaching Log form and maintains for use in future meetings and employee evaluation.	All Supervisors
SEDW and Home-Based staff supervision must occur weekly as part of the standards for those programs.	All Supervisors

Exhibit A



Supervisory Documentation of Policy Review with Staff

Policy Statement: Supervision activities at Saginaw County Community Mental Health Authority are intended to support the leadership development, retention, and professional growth of staff. There are two aspects to the process. The first involves the orientation and training of new staff or existing staff who are assuming new or additional duties. The second aspect involves assisting all staff to identify areas of potential growth and improvement and to provide staff the necessary tools to meet or exceed all applicable clinical and non-clinical performance standards.

Staff Commitment: As a staff person at Saginaw Community Mental Health Authority, staff are expected to understand the importance of actively participating in the supervision activities provided. Staff are required to attend and to actively participate in these activities. These activities may occur in a variety of ways including staff meetings, individual supervision; clinical supervision specific to a consumer's/family's needs and chart review and feedback.

My signature below indicates that I explained and delivered the ***SCCMHA Staff Supervision Policy***

To: _____ On: _____.

Supervisor's Signature

Date

Exhibit B



Staff Supervision & Coaching Log

Employee:

Date:

Time:

1. Check in on wellness:

(How are you doing? How was your weekend? What are you doing for fun? Are you taking care of yourself?)

2. Progress on Action Plan from last meeting:3. Administrative (check all that apply):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Caseload | <input type="checkbox"/> Work Quality | <input type="checkbox"/> Work Timeliness | <input type="checkbox"/> Productivity/Accountability |
| <input type="checkbox"/> Unsigned Notes | <input type="checkbox"/> Authorizations | <input type="checkbox"/> Not seen in 30+ days | <input type="checkbox"/> Cultural competency |
| <input type="checkbox"/> Notes signed in 5 days | <input type="checkbox"/> Documentation | <input type="checkbox"/> Adapt to change | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Attitude | <input type="checkbox"/> Ethics | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Training Required |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Communication | <input type="checkbox"/> Other: | |

Summary:

4. Clinical (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Crisis Planning | <input type="checkbox"/> Periodic review | <input type="checkbox"/> Recovery Barriers |
| <input type="checkbox"/> Appropriate Treatment | <input type="checkbox"/> Plan Monitoring | <input type="checkbox"/> Addendum | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> PCP Fidelity | <input type="checkbox"/> Referrals | <input type="checkbox"/> Writing Quality | <input type="checkbox"/> IPOS Fidelity |
| <input type="checkbox"/> IPOS Goals | <input type="checkbox"/> EBP Fidelity | <input type="checkbox"/> Other: | |

Summary:

5. Action Plan (if needed, include date (s) to be completed):
6. Progress on Annual Evaluation Goals (copy/paste evaluation goals from eval here and indicate if has already been discussed):
7. Accomplishments/Strengths:
8. Do you understand everything we discussed today? Questions? Concerns?
9. Is there anything we have not talked about you'd like to discuss?
10. Is there anything you need from me?

Next Coaching Date: _____

Supervisors Signature: _____

Staff Signature: _____

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

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YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

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Clinical Services Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Telehealth/Telemedicine Services	Chapter: 09.06.00 Clinical Services	Subject No: 09.06.00.15
Clinical Services		
Effective Date: 10/1/22	Date of Review/Revision: Supersedes: None	Approved By: Kristie Wolbert, Executive Director of Clinical Services and Programs Authored By: Kristie Wolbert Reviewed By: Clinical Directors

Purpose:

The purpose of this procedure is to delineate the use of telehealth/telemedicine services using telecommunication technology to connect a consumer with a health care professional in a different location versus when in person (face to face) person is required.

Application:

This policy applies to the entire SCCMHA network of direct operated and contracted service providers.

Policy:

SCCMHA shall provide behavioral health services in a modality that meets the needs of the consumers served. Services will be provided using either face-to-face or telehealth/telemedicine services modalities, based on the consumer's needs and desires. Telehealth/telemedicine services should include both audio and visual capabilities and must be completed on an agency approved platform.

Standards:

Procedures for Mental Health Service Delivery

1. Telehealth will be delivered through the pre-approved Doxy platform for all SCCMHA employees. Use of any other platform for clinical service delivery is strictly prohibited. Contracted service providers can use Doxy, Microsoft Teams, or ZOOM for healthcare. Other platforms such as face time, google meet, Facebook live, and X-Box do not have a

secure platform to provide confidentiality or security of consumer information, these are not HIPAA compliant platforms.

2. Make sure the consumer insurance allows for use of Telehealth/Telemedicine appointments. If the consumer insurance does not allow for telehealth/telemedicine services then this cannot be an option for the consumer.
3. Consumer will need to be informed of all the telehealth procedures clinicians will utilize, including those in this procedure. Written informed consent must be obtained prior to any telehealth service delivery.
 - a) Initial sessions: If a consumer wishes to schedule an initial session via telehealth/telemedicine, intake paperwork needs to be completed prior to the initiation of the session and reviewed by the clinician.
 - b) Consumers may be asked to show a government-issued ID at the first telehealth/telemedicine session to verify identity.
4. Originating Site: Telehealth/telemedicine sessions for mental health will be conducted in a private, confidential manner. Clinicians will be expected to ensure that at their site:
 - a) Internet connectivity is through a secured network, not an “open” network such as those found in coffee-shops, libraries, etc.
 - b) Sessions cannot be overheard by others such as family members, guests, colleagues, or others.
 - c) The session is conducted in a quiet setting.
 - d) The backdrop of the clinician’s image will show a professional setting, free from clutter in the background, and have adequate lighting to ensure the clinician’s image is broadcast clearly to the client.
 - e) Clinician telepresence includes the following: leaning forward towards the camera, no leaning back in the chair, and to look into the camera not down or at other things in the room.
5. Distant Site: The consumer will be informed at the initial contact of the clinician’s expectations regarding where the consumer is physically located during sessions. Lighting at the distant site should be assessed during the initial session to allow for full access to consumers’ facial expressions and body language. These locations are considered unsupervised settings and have an increased risk of confidentiality being breached. To minimize this risk:
 - a) At intake, the consumer will agree to conducting sessions in a reasonably private and quiet setting.
 - b) The consumer will understand the difference between secure versus open networks if using wireless capabilities; alternatively, the clinician may assess the network security by asking the consumer certain questions.
6. Safety Protocols:
 - a. Safety Plans: Each clinician is expected to review a plan for safety with their telehealth/telemedicine consumers at the initial session and briefly at the outset of every session. A written safety plan must be in the medical record. Each session must contain a brief review of the safety plan and be documented. Items to include are:
 - i. Physical location of the consumer during the telehealth/telemedicine session
 - ii. Verify the phone number of the client for use during a session
 - iii. Verify the Consumer Support Person has not changed, if applicable

- iv. Consumer Privacy: Reasonable assurance that the consumer is in a private setting. If necessary, you may conduct a room check with a 360-degree view with the camera on the consumer-side
 - v. Access to firearms, risk assessment
 - vi. Potential for domestic violence, risk assessment
 - vii. City and nearest hospital to consumer location, emergency contact if applicable
 - viii. Code word to stop the session
 - ix. Access to drugs/alcohol, risk assessment
 - x. Suicidal/Homicidal risk assessment, as necessary.
7. Emergency Procedures:
- a. De-escalation procedures: Each clinician will be trained in de-escalation procedures
 - b. Medical emergencies: Clinicians will know the location of the consumer in case of emergency
 - c. Mandated reporting such as for vulnerable adults and child abuse and neglect: Clinicians have the same mandate for telehealth as they do for in-person settings
 - d. Aggressive or threatening behaviors: Clinicians will attempt to de-escalate the consumer. If another person is involved on the consumer-side, the clinician will notify the local police department
 - e. Physically intoxicated individuals who demonstrate signs of withdrawal: if medically necessary, the clinician may need to call 9-1-1 and send emergency personnel to the consumers location.
 - f. Uncooperative consumers during an emergency: If consumers become uncooperative during emergencies, the clinician may need to contact the “Consumer’s Support Person” (guardian, home staff, etc.) identified in the intake paperwork. If both parties become uncooperative, the clinician may call the local authorities.
8. Actively Suicidal/Homicidal Consumers: If a consumer expresses suicidal or homicidal ideation or intent during a telehealth/telemedicine session, the provider will assess the severity of the situation and determine the next steps. If the assessment determines that an intervention is necessary:
- a. The provider will keep the consumer online, in a live, two-way interactive video
 - b. The provider will concurrently notify 9-1-1 and give the location of the consumer, if deemed appropriate
9. If the technology fails during the session, the clinician will call the consumer to explain the problem. Depending on the situation, the session may need to be rescheduled:
- a. If a technology failure happens in the first half of the session, the clinician may reschedule the consumer session and bill out the appropriate timed CPT code.
 - b. If the session is more than 50% completed when the technology fails, the clinician may finish the session via telephone, or choose to bill the appropriate timed CPT code.

10. At any time, the clinician may determine that telehealth/telemedicine services are not benefiting the consumer, that the consumer is not a suitable candidate for telehealth/telemedicine or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the consumer, put it in writing in the medical record, and provide arrangements or referrals upon request of the consumer.

Areas of Special Consideration/Attention:

- **Inpatient Psychiatric Hospital Discharge Follow Up-** A consumer must be seen in person within 7 days of hospital discharge. This is to assure that the consumer has all needed medications and understands all discharge orders and appropriate follow-up appointments scheduled. Please note follow-up appointments may be in person or via telehealth.
- **Wellness and Welfare Check –** If the consumer can not be reached after various telephone attempts, the case holder should conduct a wellness check at the home.
- **Lack of Technology –** If a consumer does not have the means to complete visits via Telehealth/telemedicine, then in person visits should occur as stated in the Individual Plan of Service.
- **Medication Adherence -**The consumer should be seen in person if there are reports that the consumer has not picked up or received medications from the pharmacy and/or if there are reports that the consumer is not taking medications as prescribed.
- **Probate Court Orders –** If the consumer is on a court order in person visits should occur at least once a month or as stated in the Individual Plan of Service or the court order.
- **Legal Conditions Involving Adult Parole/Probation or Juvenile Court Probation –** If the consumer appears to not understand or is not following the conditions of his/her parole or probation frequent in person visits should occur.

Definitions:

Telehealth, Tele behavioral Health, Tele-mental Health, and Telemedicine: These terms are used interchangeably at ABC Agency. Both describe the use of digital technologies to deliver medical services by connecting multiple users who are physically located in separate locations. Medical information is exchanged from one site to another via electronic communications to improve a client's health or medical status.

Originating Site: This is the location where the consumer is located at the time-of-service delivery. For psychiatry visits, when the client will be located on the property of Saginaw County Community Mental Health Authority, in one of our office/site locations. For mental health visits, the consumer may be located anywhere in a private area.

Distant Site: This is the location where the health care provider is located at the time-of-service delivery. This could be an office location or another site that has been pre-approved. The requirements for this site will be that: the healthcare provider can attest to

maintaining confidentiality and the privacy of the client as well as the security of consumer's PHI.

References:

Exhibits:

Exhibit A: Bureau of Community Based Services Telemedicine Database (Code Sheet)

Exhibit B: Guide for Utilizing DOXY (User)

Exhibit C: Guide for Utilizing Doxy (Provider)

Exhibit D: Is Telehealth Right for you Flowchart

Procedure:


ACTION	RESPONSIBILITY
Assign and monitor telehealth/telemedicine platform.	Chief Information Officer/Chief Quality and Compliance Officer
Train staff on utilizing the DOXY system	IT Supervisor
Inform consumers of telehealth/telemedicine options and inform of all procedures.	Access/Intake Worker or Case Holder
Obtain consent for telehealth/telemedicine procedures.	Access/Intake Worker or Case Holder
Provide information on user/consumer use of the telehealth/telemedicine (DOXY) platform.	Clinical Supervisor/Case Holder
Assure that the service being provided can be completed via telehealth/telemedicine platform.	Case Holder
Provide service and complete safety and treatment.	Case Holder
Complete appropriate documentation in electric medical record.	Case Holder

Exhibit A: Bureau of Community Based Services Telemedicine Database

CPT Code	Description
	ABA Behavioral Follow-up (reporting per 15 minutes /1/19)
	Interactive Complexity - Add On Code for Autism & Complexity
90791	Assessment SUD Assessment
90792	Assessment & SUD Assessment
	Mental Health Outpatient SUD Outpatient
	Assessment
90834	Mental Health Outpatient Care & SUD Outpatient Care
90836	Assessment
	Mental Health Outpatient SUD Outpatient
	Assessment
90839	Psychotherapy Crisis First
90840	Psychotherapy for Crisis Minutes
	Therapy-Group Therapy Outpatient
	Therapy-Group Therapy SUD Outpatient PMTO
90849	Therapy-Group Therapy & SUD Outpatient & PMTO
90853	Therapy-Group Therapy & SUD Outpatient Treatment
	Assessments-Other
	Psych Testing by Comp
96105	Assessments-Other
96110	Assessments-Other
	Assessments - Testing
13	Assessments - Testing
961	Neurobehavioral Status
	Neuropsych test p
	Assessments - esting
96127	Assessments-Other
961	Assessments - Testing
	Assessments - Testing
	Assessments - Testing
96133	Assessments - Testing
96136	Assessments - Testing
96137	Assessments - Testing
96138	Assessments - Testing
96139	- Testing
	Assessments - Testing
	ABA Behavior (new code effective 1/1/19)
	ABA Group (new code effective 1/1/19)
	ABA Adaptive Behavior (new code effective 1/1/19)
97155	ABA Observation and Adaptive Behavior
	ABA Family Behavior Guidance
97157	ABA Family Guidance
97158	ABA Adaptive Behavior Treatment Group
	Patient Evaluation Management & SUD New
	New Patient Management E&M
99203	and Management Patient E&M
99204	New Patient Evaluation and Management & New Patient E&M
	New Evaluation Management & SUD New
	Established Management E&M
	Established Evaluation and Management Established E&M
9921	Established Evaluation Management SUD Established
	Established Patient Management & E&M
	Established and Management Established E&M
99231	Additional Codes-Physician Services
99232	Additional Codes-Physician Services
	Additional Codes-Physician
	Nursing Facility evaluation management
	Nursing Facility Services and management
	Nursing Facility evaluation management
99310	Nursing Facility evaluation management
G01	Activity (Children's SEDW)
	Family Training/Support ly
G0409	Disorder Recovery Support
G2067	Substance Use Disorder MAT

	Substance Use Disorder Outpatient
	Substance Use Disorder Outpatient
	Substance Use Disorder Intensive Outpatient
	Substance Use Disorder Early Intervention
	Peer Directed Operated Support & SUD Recovery Support
	Prevention Services
	Assessment Support Intensity Scale (SIS)
	Treatment Planning Monitoring of Treatment
	Home Based
	Directed Operated Support Recovery Support
	Assertive Community Treatment (ACT) - Psychiatric
	Directed and Operated Support Services
	Crisis Intervention H2011 ICSS
	Skill-Building and Out of Habilitation
	Community Supports (15 Minutes)
	Wraparound
	Wraparound (SED Waiver)
	Supported Employment
	Mental Therapy
	Clubhouse Psychosocial Programs
	Home Based Services
	T Facility Fee
	Family Training
	Home Care Training, Non-Family (Children's Waiver)
	Prevention
	Crisis Stabilization-Enrolled Program (for adults)
	Substance Use - Outpatient Care - Recovery Supports
	Family Psycho-Education
	Supports Coordination/Wrap Facilitation
	Targeted Case Management
	Out
	1 Services

Exhibit B



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

User Guide for Utilizing DOXY.ME, SCCMHA's Telehealth Solution

Requirements

- DOXY is web based, which allows you to access it from anywhere therefore you must have an Internet connection.
- You need a Smart Device such a smart phone, tablet, laptop, or computer.
- You must use of the following web browsers: Chrome, Firefox, Edge, or Safari.
- A Webcam, Speaker and Microphone.
- You should have received a personalized link to join your virtual visit either through a text message or an email. If you did not, contact your provider.

Steps To Check In


1. Open the Link that you received using a browser listed above.
2. Enter your name and click "Check In".
3. You are now in your Provider's virtual waiting room.
4. Your Webcam and Microphone should auto start. If it does not, a button will appear to activate both your webcam and microphone.

Welcome!

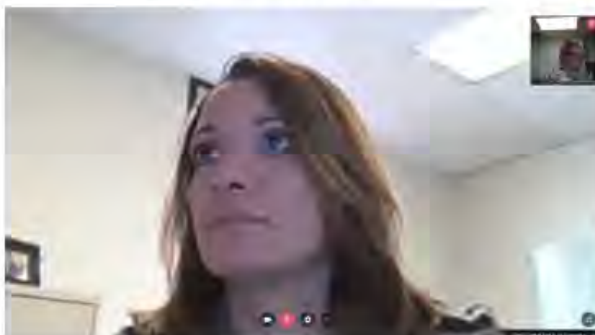
Please check in below to let Dr. Welch know you are here

Enter your name here

Click In



5. You are now waiting for your provider to begin the visit.
6. You can send your provider a message by clicking on the black button that says, "Send a message".
7. Once your provider starts the call, they can see you and you can see them. You appear in the upper right corner and your provider will be the large video on the screen.



8. At the bottom of your screen you will see the following icons.



- The first icon is your Webcam. You can turn off your webcam by clicking on this option.
- The second icon is your Microphone. You can turn off your microphone by clicking on this option.
- The third icon is a gear icon for settings that you should not have to adjust.
- The fourth icon is to hang up the call which looks like a red telephone icon.

Questions to Determine if you can use DOXY:

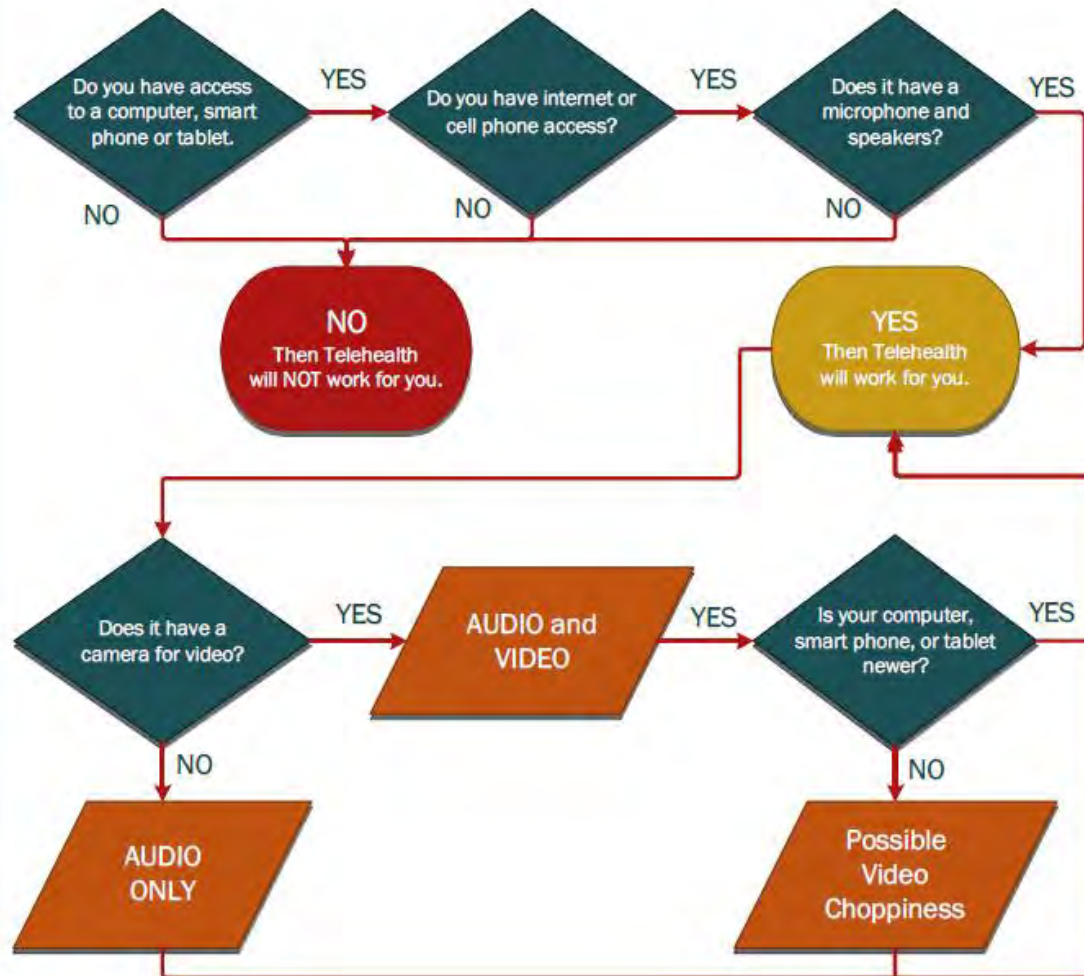



Exhibit C



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

Provider Guide for Utilizing DOXY.ME, SCCMHA's Telehealth Solution

About DOXY.ME

DOXY is web based, which allows you to access it from anywhere that has an internet connection. You have the option to log into DOXY directly at <https://sccmha.doxy.me/sign-in> or by logging into Sentri and clicking on the DOXY link.

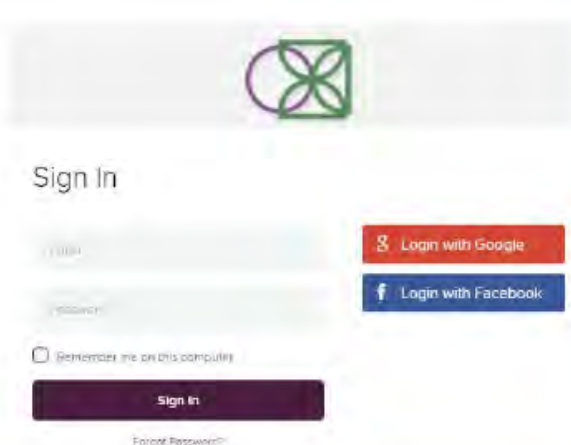
Five steps to begin a telehealth call with a consumer using DOXY

1. Go to the DOXY Provider Interface.
2. Log into DOXY as a Provider.
3. Arrive at your Dashboard Waiting Room.
4. Invite the Consumer via a link in a text or email.
5. Start the HIPAA-compliant audio and video call.

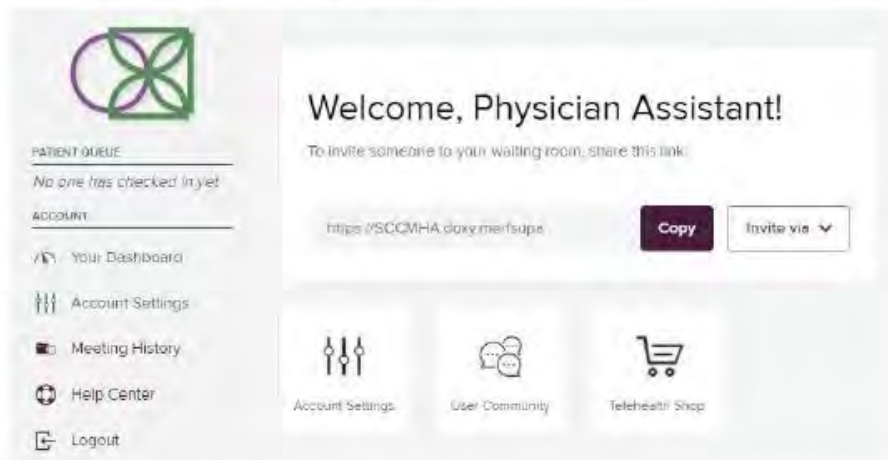
1. Go to the DOXY Provider interface in one of these two ways:
 - a. Go to <https://sccmha.doxy.me/sign-in> with either **Chrome, Edge, Firefox or Safari** browsers.
 - b. Log into Sentri and click "Telehealth". It will open DOXY in a separate browser window.

2. Log into DOXY as a Provider.

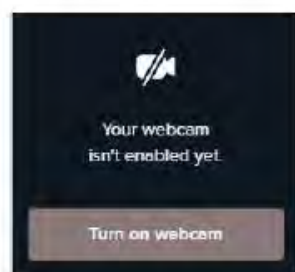
A email has been sent to you with your login credentials. If you have not received your DOXY login email, please contact the HelpDesk at 989-797-3577. Or send an email to hdesk@sccmha.org.



3. Arrive at your Dashboard Waiting Room.

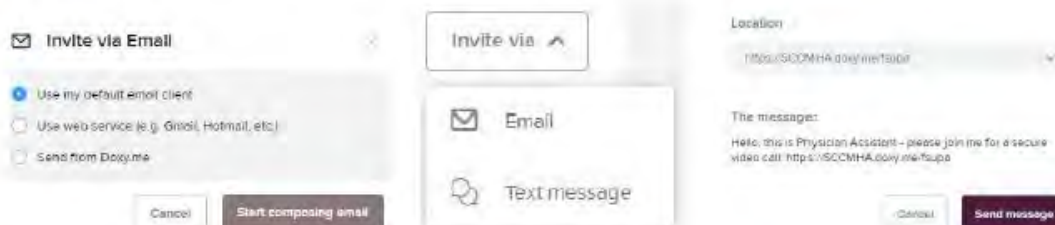


- Turn on your Webcam from your dashboard.
- The first time you turn on your Webcam you will have to grant access to both your microphone and your camera. There will be a popup to "allow" or "block". Chose "allow". If you chose "block" by accident, refresh the DOXY web page and you will have the option to allow.



4. Invite the Consumer via a link in a text or email.

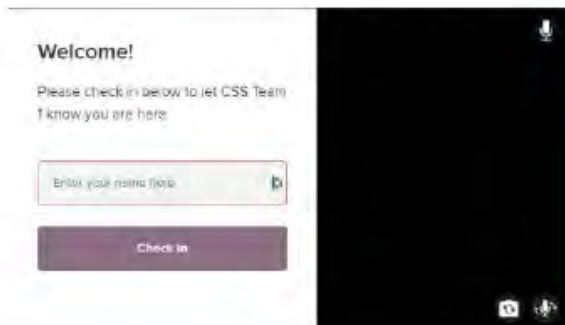
To start a session with a Consumer you will see the button "Invite via" with a dropdown arrow. Clicking that will allow you to send an email or text message to the consumer.



5. Start the HIPAA-compliant audio and video call.

Consumer's Experience:

- Once the Consumer clicks on the link you sent, they will see a Welcome! screen that will prompt them to enter their name and click "Check In".
- The Consumer's device should auto start their webcam and microphone.
- The Consumer's webcam as well as the Provider's name and online status will appear in the upper right-hand corner.

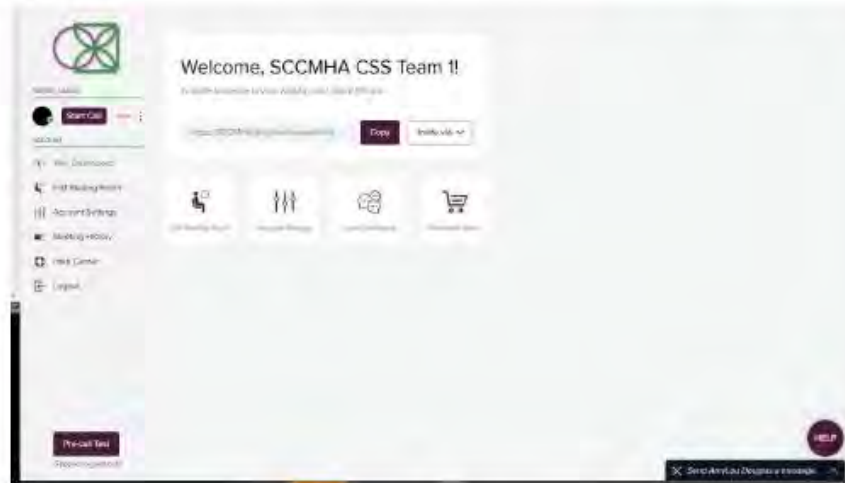


- The Consumer can send a message to the Provider from the waiting room by clicking on the black button on the bottom left of the screen, "Send a message".
- Once you start the call with the Consumer, they can see you. Their photo will be in the upper right-hand corner.

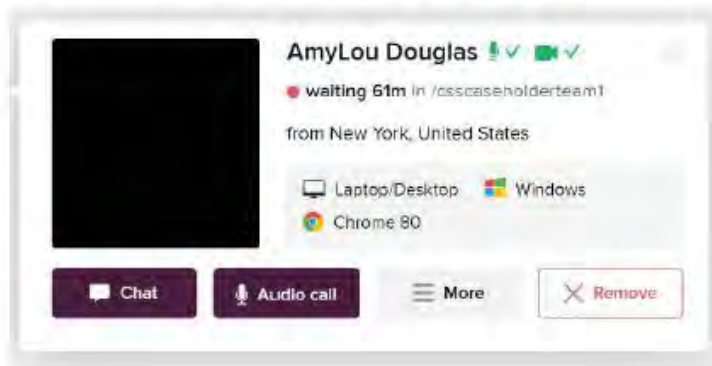


Provider's Experience:

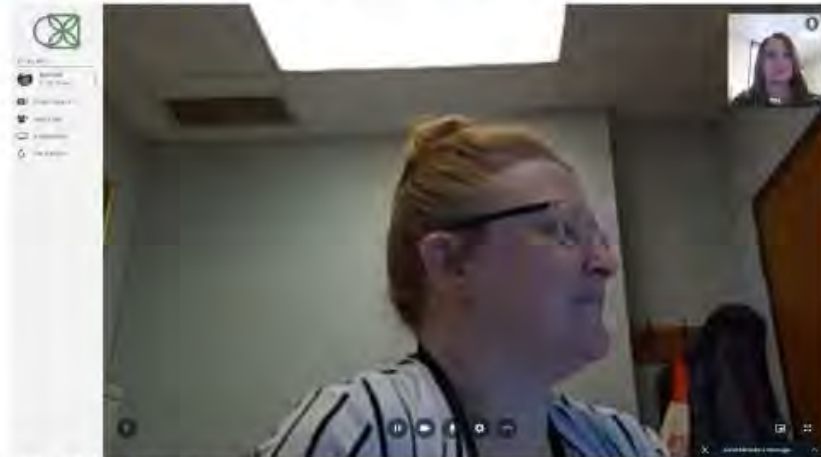
- Once the Consumer has logged into the waiting room, they will appear in your "Patient in Queue". This is where you start the call by hovering over the Consumer's name and "Start Call" will display.



- You can click on the three dots to send a message via chat, start an audio only call, transfer a file to the Consumer or remove the Consumer from your queue.



- You will see the Consumer on the screen and yourself in the upper right-hand corner.



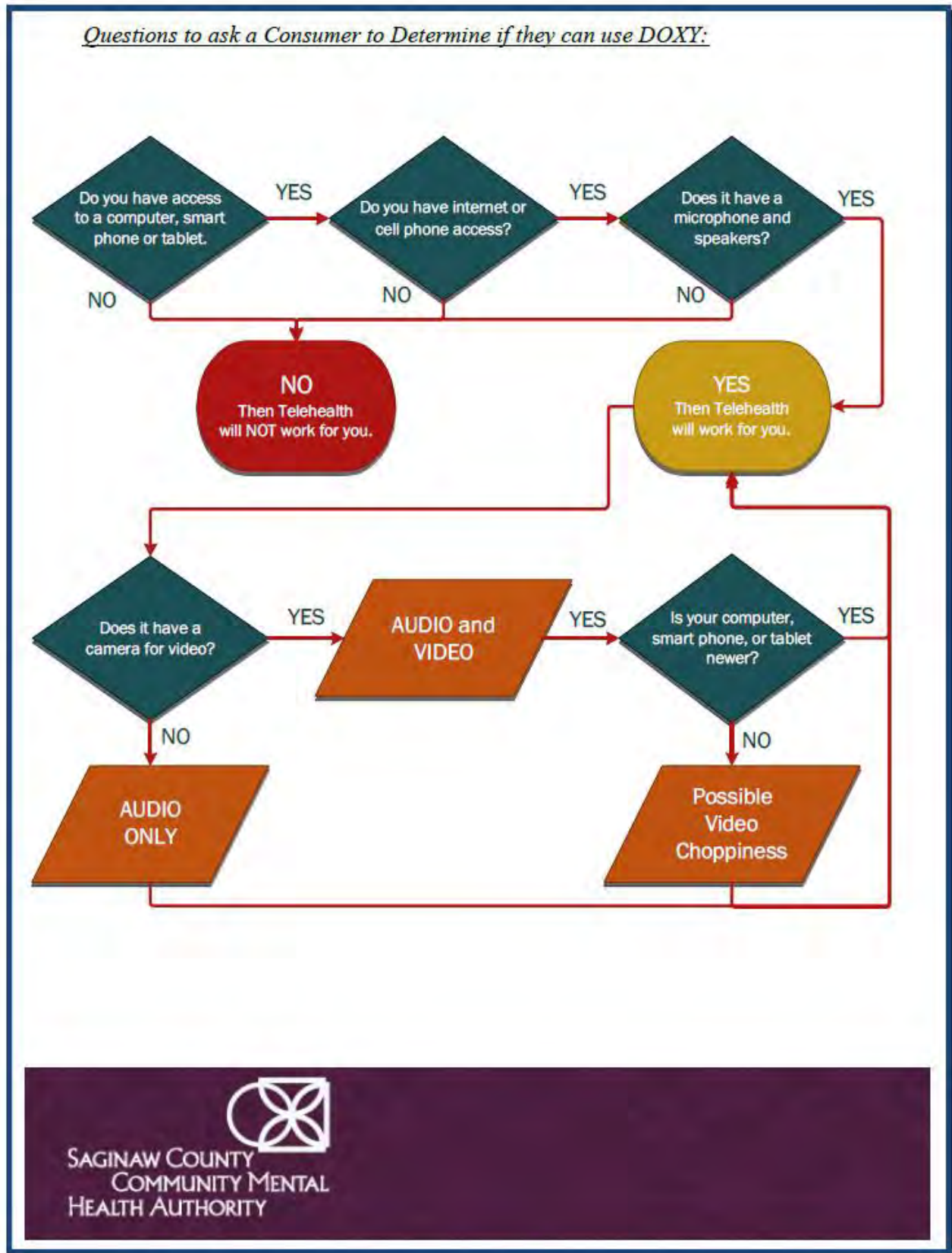
- You can take a photo of the screen.
- You can add another guest who also calls into DOXY and is waiting in the patient queue so that both individuals are on the same call such as a partner, spouse, or parent.
- You can also take control of the Consumer's screen.
- You can send a file to the Consumer.
- At the bottom of the screen, you have these options: pause video, stop webcam, stop microphone, settings, and last, hang up the call.
- If you click on the far right, you are able to chat with the Consumer.




- Lastly, when you are *not* on a call with a Consumer and in your waiting room, you can click on meeting history to see your calls, the date and time of the call as well as the duration.

Date	Start Time	End Time	Duration
Wed Apr 15 2020	11:51:00 AM	12:05:21 PM	00:14:21
Wed Apr 15 2020	11:48:58 AM	11:49:56 AM	00:00:57
Wed Apr 15 2020	11:37:59 AM	11:38:59 AM	00:01:00

Exhibit D



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 Supersedes: 09.06.00.10	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education 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
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.	Case Holder; Health Service Provider; or other qualified person requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications
The Specialized Medical Equipment and Supplies, Enhanced Pharmacy/Assistive	Case Holder; Health Service Provider; or other qualified person requesting the

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.	Specialized Medical Equipment and Supplies, Enhanced Pharmacy /Assistive Technology
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.	Case Holder; Health Service Provider; or other qualified person requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy
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.	Case Holder, Supervisor and Care Management Specialist
When all necessary signatures are obtained then Care Management will issue an authorization to secure the identified item/s or equipment.	Care Management Department; Contracts Department

Exhibit A

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

Exhibit C

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

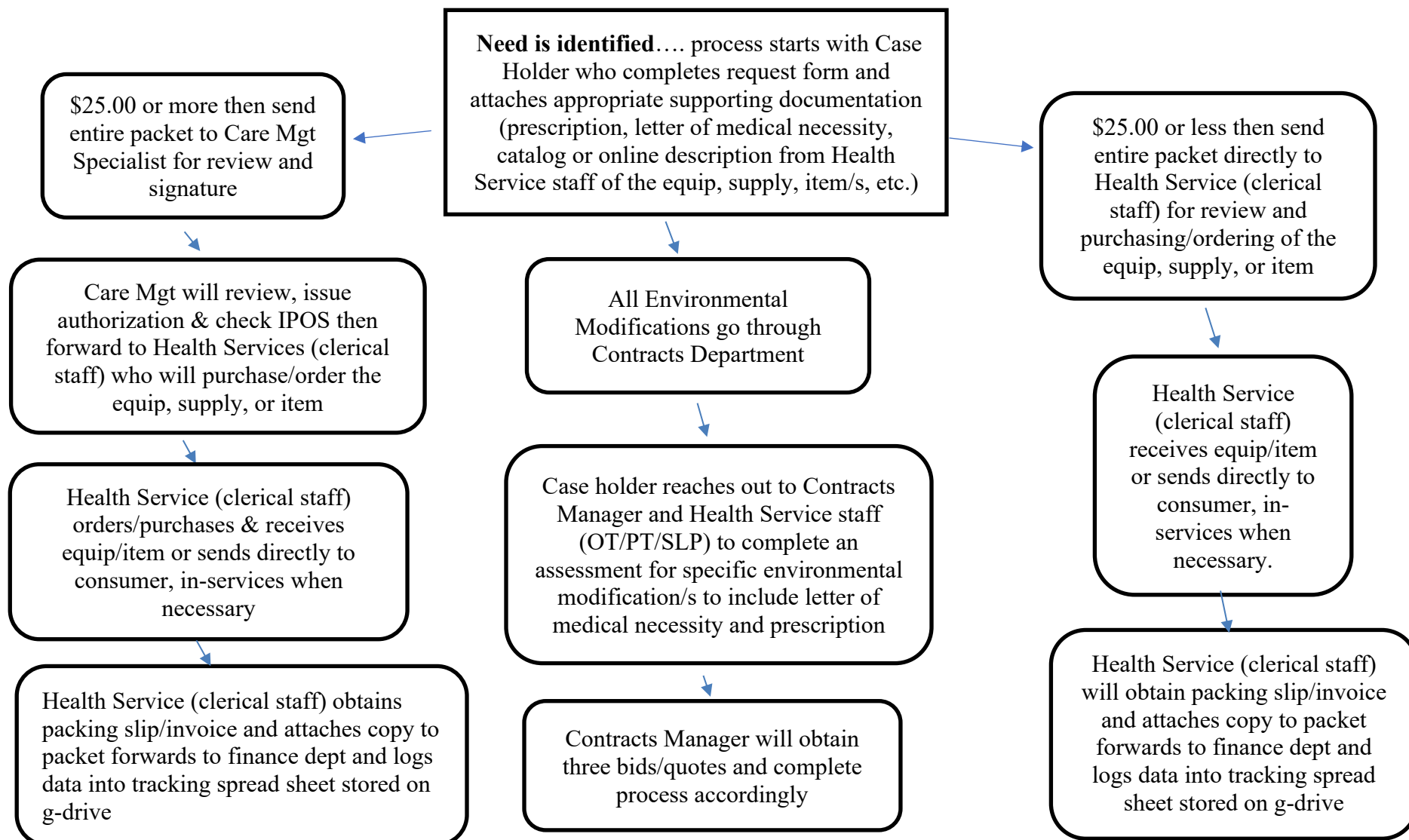


Exhibit E



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*

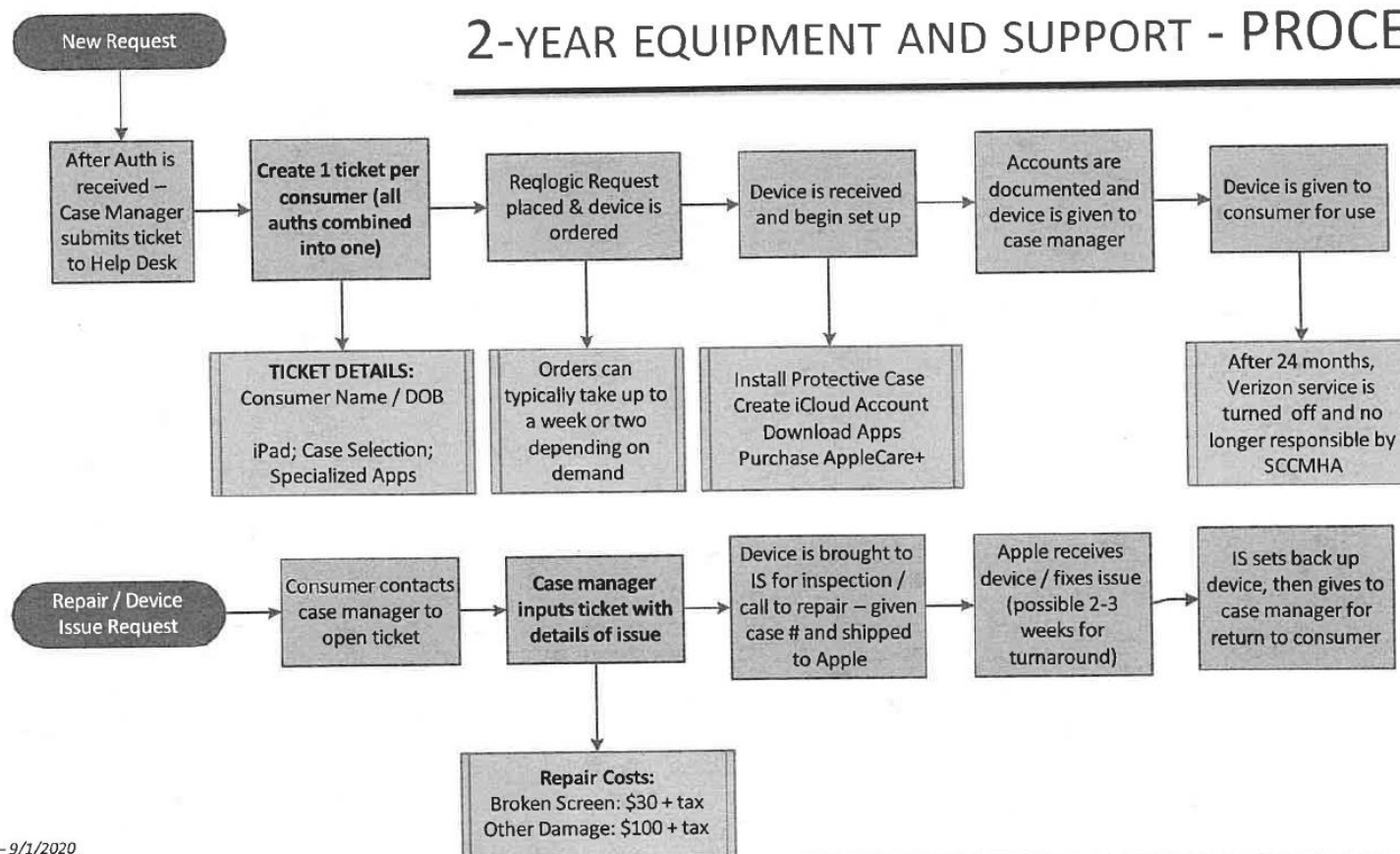
TOTAL COST: 1,510.99

- 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.

v4 - 1/11/2022



DME - iPad ACQUISITION, SETUP AND SUPPORT 2-YEAR EQUIPMENT AND SUPPORT - PROCESS



v2 - 9/1/2020

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	Approved By: Matthew Briggs, Chief of Network Business Operations Authored By: Matthew Briggs, Chief of Network Business Operations Reviewed By: Director of Finance, Director of Network Services, Public Policy & Continuing Education, Claims Processors
	Supersedes:	

Purpose:

Process to establish steps when a Network Provider would like to appeal a claim payment denial.

Application:

Claims Processor
Chief of Network Business Operations
Director of Network Services, Public Policy & Continuing Education
Director of Finance

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) that facilitates individual plans of services (IPOS) and requests their authorizations for medically necessary services outlined in IPOS. For contractors, the provider may be an individual if the contract holder is the individual. An individual employee of SCCMHA is not considered a stand-alone provider. 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 – SCCMHA provider programs which provide additional supports and services, including residential and other community support services for SCCMHA consumers, as authorized by PRIMARY service providers (case management, ACT, wraparound facilitators, and home-based therapists).

NON-PANEL PROVIDER – Any service provider without a current, signed provider participation agreement, such as for the purchase of emergency or non-routine services needed by a consumer or consumers.

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 requesting an appeal with detailed information outlining the claim number, date of service, and why they are requesting an appeal.
2. The Claims Processor 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.
4. If approved, the Claims Processor will adjudicate the claim with as-needed overrides for payment.

ACTION	RESPONSIBILITY
1. Service Provider to submit written appeal request identifying claim ID along with any supporting documentation to assigned Claims Processor	Service Provider
2. Claims Processor to review appeal and supporting documentation for recommendation to Chief of Network Business Operations	Claims Processor
3. Will respond to Service Provider via written communication and will give copy of notification to the Claims Processor	Chief of Network Business Operations
4. Claims Processor will adjudicate the claim with as-needed overrides for payment if approved.	Claims Processor