Saginaw County Community Mental Health Authority (SCCMHA)

Network Services Provider Manual

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January Update
Fiscal Year 2024

Provider Manual Update - January 2024

Included are the updated policies and procedures since the complete FY24 Provider Manual

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised	Licensed Residential/Crisis Residential	Enhanced Health Services/Autism (speech, behavioral, ot)	Inpatient	Crisis/CAI/MUTT	Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/ Wraparound/Integrated Care)	Community Living Supports/ CLS Per Diem/Respite Services Skill Build/Supported Employment/Clubhouse/Drop-In	Fiscal Intermediaries/Pharmacy/LEP
4	**Tab 1**	**Introdution to SCCMHA**									
5	00.01.02	A History of CMH and the Genesis of SCCMHA	Added 2023 accomplishments and added to 2022 acomplishments.	11/14/2023	X	X	X	X	X	X	X	X
49	**Tab 2**	**Eligibility & Care Management**									
50	02.03.19	LOCUS	Added to procedure that a new LOCUS will be completed for a new episode of care.	8/1/2023	X	X	X	X	X	X	X	X
N/A	**Tab 3**	**Services & Protocols - No Updates**									
57	**Tab 4**	**Service Delivery**									
58	02.03.09.04	Dialectical Behavior Therapy (DBT)	Added Skills System information and general information about DBT informed care. Added two additional references.	9/22/2023		X	X	X	X			
N/A	**Tab 5**	**Regulatory Management/HIPAA Compliance - No Updates**									
N/A	**Tab 6**	**Recipient Rights - Customer Service - Appeals & Grievance - No Updates**									
72	**Tab 7**	**Claims Processing**									
73	09.10.01.01	Contracted Network Provider Claims Submission	Reference policy numbers updated. Claims Payment information updated.	12/28/2023	X	X	X	X	X	X	X	X
77	09.10.01.01.01	Electronic Claims Submission by Provider	Reference policy numbers updated. Added sample visuals of remittance advice/EOB reports and instructions for the Sentri Add Staff Form. Updated place of service sample list. Updated information on how to add a new rendering provider to Sentri.	12/28/2023	X	X	X	X	X	X	X	X
96	09.10.01.01.05	UB04 Uniform Biling Form Instructions	Review only.	1/4/2024			X					
N/A	09.10.01.01.06	Provider Registration and Maintenance for Access to Sentri	Archived. Important information combined into other Procedures.	N/A	X	X	X	X	X	X	X	
N/A	09.10.01.01.08	Provider Submission of Start and Stop Times on Claims	Archived. Important information combined into other Procedures.	N/A	X	X	X	X	X	X	X	
N/A	09.10.01.01.11	Electronic Claims Submission by Provider-Step by Step Instructions	Archived. Important information combined into other Procedures.	N/A	X	X	X	X	X	X	X	
N/A	09.10.01.02.07	Contracted Network Provider Claims Workflow	Archived. Important information combined into other Procedures.	N/A	X	X	X	X	X	X	X	X
101	**Tab 8**	**Network Services**									

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
102	05.06.03	Competency Requirements for the SCCMHA Provider Network	Added below standards: 8.Each employer, including SCCMHA, will conduct criminal background checks and perform other legally permissible and required, and applicant-consented, criminal record inquiries as part of the pre-employment consideration process prior to hire along with Michigan Public Sex Offender Registry at Home-Michigan Sex Offender Registry (mspsor.com) and National Sex Offender Registry located at United States Department of Justice National Sex Offender Public Website (nsopw.gov). a. Any criminal record will be evaluated by the potential employer to assure consumers are not placed in situations of risk due to the personal or moral character of the service providing individual. b. In all cases, SCCMHA and other providers will not hire or maintain employment of individuals who do not satisfactorily pass the minimum standards for background checks in accordance with sections 1128(a) and 1128(b)(1), (2) or (3) of the Social Security Act.	9/28/2023	X	X	X	X	X	X	X	X
121	09.04.05.07	Tracking and Credentialing for Students and Interns	New Procedure	10/24/2023	X	X	X	X	X	X	X	X
N/A	**Booklets and Brochures - No Updates**											

Tab 1

Introduction to SCCMHA

<table>
<tr><td colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: A History of CMH and the Genesis of SCCMHA</td><td>Chapter: 00 – Introduction</td><td>Subject No: 00.01.02</td></tr>
<tr><td rowspan="2">Effective Date:
8/12/09</td><td>Date of Review/Revision:
8/21/09, 6/12/12, 6/4/14, 5/5/16, 6/13/17, 7/28/17, 4/10/18, 5/20/19, 7/13/21, 9/27/22, 11/14/23</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO

Responsible Director:
SCCHMA CEO

Authored By:
Barbara Glassheim

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

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

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

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

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

A. State Mental Health Administration

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

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

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

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

B. Public Service Delivery System

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

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

1. CMH Operations

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

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

a. Statutory Powers and Duties of the Board:

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

the county are coordinated.

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

C. History

1. Background

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

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

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

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

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

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

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

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

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

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

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

2. Public Act 54 of 1963

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Managed Care

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

7. Public Act 130

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

8. Public Acts 500 and 501

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

9. Funding

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

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

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

D. SCCMHA's Organizational Milestones

1. Michigan Department of Mental Health prior to CMH:

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

2. Saginaw County Community Mental Health:

   1966:

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

   1970:

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

   1973:

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

   1974:

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

   1975:

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

   1976:

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

   1977:

   - Work starts on the Community Mental Health Center Building

   1979:

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

   1980:

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

1984:

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

1986:

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

1987:

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

1989:

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

1990:

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

1994:

- Bayside Lodge is established

1995:

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

1996:

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

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

1997:

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

1998:

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

1999:

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

2000:

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

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

2001:

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

2002:

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

2003:

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

2004:

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

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

2005:

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

2006:

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

2007:

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

2008:

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

2009:

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

2010:

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

2011:

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

2012:

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

2013:

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

2014:

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

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

2015:

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

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

2016:

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

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

2017:

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

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

2018:

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

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

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

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

2019:

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

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

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

2020:
Milestones / Regular Business

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

Based Service Rule with focus on individualized integrated community experiences.

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

Other Milestones / Events

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

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

County Bond Funded Capitol Projects

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

COVID-19 Pandemic

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

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

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

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

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

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

Published COVID Plans and Policies:

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

Staff Guidance Documents:

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

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

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

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

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

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

    - Albert & Woods Professional Building
    - Bay Road
    - Towerline
    - Community Ties North
    - Supported Employment
- Badge Readers Installed Badge Readers on Main Entry at:
    - Hancock
    - Supported Employment
    - Housing Resource Center
- Customer Service staff took over scanning of clinical documents:
    - Hancock
    - Bay Road
    - Towerline
- DEI Organizational Climate Assessment Complete and Published – Fall 2021
- Established DEI Staff Workgroup – Summer 2021

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

- SCCMHA Hires two new Senior Leaders; Jan Histed, Dir. of Finance and Jen Kreiner, Chief of Health Services
- DEI Contract with Paul Elam, PhD. renewed for development of DEI Implementation - 3 Year Plan
- Formation of a new BI – Data Integrity Committee.
- Implementation of the AZARA care coordination application. CMHs & FQHCs are able to identify their shared patients to provide a higher level of whole health care.
- CrisisConnect rolled out to Saginaw City Police Department patrols. Program connects law enforcement officers with MRSS staff via an iPad when responding to behavioral health calls for communication with the law enforcement and consumers at the scene.
- MDHHS fully Certifies SCCMHA as CCBHC Demo Site on April 29, 2022
- Increased Information Security Measures: Intune, Defender, 2021 NIST compliance, PhishEr, Secure Text messaging
- Improved Technology Infrastructure: Azure File Sync, Team Dynamix, Inventory Management platform, Installation of Fiber at all agency buildings, Dictation software
- Redesigned the SCCMHA website and updated the content. This redesign improves navigation within the site as well as updates the design to be more in line with current industry standards.
- SCCMHA Relaxes COVID Masking Mandate and Front Door Symptom Check-in procedures on 5-13-22 for visitors to all

SCCMHA Buildings except CTN & CTS. Electronic Staff Self-Monitoring for symptoms daily continues.

- Outside Lighting Enhancements at Towerline and Hancock completed.
- New and Updates Building Security Alarms completed for Community Ties North, Towerline, Hancock, Housing Resource Center, Supported Employment, Albert and Woods Center and Bay Road.
- Hancock elevators equipped with elevator badge readers.
- Open Beds Platform launched by MDHHS for hospitals and psychiatric units to enter inpatient bed availability.
- Planning for Third Party Commercial Billing activities outsourced to Yeo & Yeo Medical Billing Division with "go live" in 10/1/23.
- Legislative Direct Care Wage increase continues at $2.35 hourly Premium Pay. SCCMHA offers additional $2 hourly for in-county specialized residential programs operating in congregate settings
- Provider Stabilization payments continue for unusual expenses (PPE, Overtime, 1st shift additional staffing due to day program closures, working in residential setting during COVID+ episode, etc.) not included in the service rates
- MSHN rolled out a Staffing Crisis Stabilization Application with 13 category options for reimbursement to assist Network Service Providers
- Retention payments provided to all SCCMHA Staff and regionally assigned Provider Network staff. $750 May, $1000 September
- Contracts Dept goes paperless implementing DocuSign electronic contracts management and electronic signature software
- Operations department / BU created shifting contracts, claims processing, purchasing, care mgmt., properties mgmt. under the oversight of new Chief of Network Business Operations position.
- Replacement Plan for 9 agency vehicles at a cost of $475,630 completed and order for purchase placed. Supply chain challenges likely to delay delivery until FY 2023.
- Billing, claims, consumer insurance, pre-authorization modules within Sentri updated by SCCMHA COB workgroup/PCE
- MDHHS announces due to staffing shortages – changes to State Facility Admissions Policy to exclude persons with IDD if their clinical presentation does not include a psychiatric diagnosis and that severe behavioral challenges will no longer be cause for admission. Persons with mental health diagnosis awaiting competency evaluations in local jails and those already in the forensic process are considered admission priorities.
- SAMHSA Extend MDHHS CCBHC Demonstration Period Out to 2027
- CCBHC DCO Agreements signed with TTI for ACT, Bayside Lodge Clubhouse and Friends for Recovery Drop-In.

- SCCMHA CCBHC Personalized Benefit Pathway Design Project Completes first project year including Core Tools Matrix, Episode of Care Framework and Service Recommendations for FY 2023 implementation. Core Tools Matrix Tools (all CCBHC required screening and assessment tools) added to Sentri in alignment with clinical workflows for 2023.
- CCBHC Expansion Grant closeout completed with SAMHSA.
- Purchase planning of new building security cameras and system with 2023 installation target at Hancock and A & W Buildings.
- SCCMHA Crisis Phone Line connects to MDHHS MiCAL which connects to new 988 Federal Telephone Exchange for Crisis Behavioral Health Telephone and Text service.
- Added Speech therapist to SCCMHA Enhanced Health Services.
- SCCMHA adds a Benefit to Work Coach to Supported Employment Team.
- TTI's ACT Team receives a grant to help stabilize staff and allow for some additional incentives for overtime and coverage to serve consumers.
- Attendant Care and Game Changers McLeod location closed. New ABA Providers: BF Autism, Autism of America and T.R.A.C. were added to network and Autism Systems, Game Changer, and ABA Pathways expanded to additional location.
- Community Ties Day Programs North & South transitioned from virtual only service to both virtual and in-person service.
- SCCMHA has first MiFast Review in September for Individual Placement Services (IPS) EBP Model.
- SCCMHA expands ABA Network of providers to meet referral demand.
- Added badge readers to the Hancock elevators to allow secure use of the Hancock Group Rooms, # 190 and # 191.
- Improved lighting for the Hancock main parking lot.
- Achieved Full Compliance with the MDHHS ORR Triennial Audit.
- Initiated Provider's ability to take ORR Training on-line
- Added web based security cameras to Community Ties North for testing
- Expansion of Medical Director hours and psychiatry coverage through contractor Hospital Psychiatry 8/15/22.
- Added Security Guard to monitor and float between:
    - Albert & Woods Professional Building
    - Supported Employment
    - Housing Resource Center
    - Bay Road

- Community Ties North
- Towerline

- Added badge readers to the Hancock elevators to allow secure use of the Hancock Group Rooms, # 190 and # 191.
- Improved lighting for the Hancock main parking lot.
- Added web based security cameras to Community Ties North for testing
- Added Security Guard to monitor and float between:
  - Albert & Woods Professional Building
  - Supported Employment
  - Housing Resource Center
  - Bay Road
  - Community Ties North
  - Towerline
- Added front door and medication room badge readers at CTS (started on 9/14/22)
- Achieved Full Compliance with the MDHHS ORR Triennial Audit in March, 2022
- Initiated Provider's ability to take ORR Training on-line
- Walk A Mile Rally – 25 attendees
- Customer Service Week Celebration – Gift to staff and go to each building to celebrate
- Attended numerous public events 17 activities, examples:
  - Farmer's Market
  - Men's Health Fair
  - Friday Night Live
  - Great Lakes Collaborative
- Celebrated Pride Month:
  - Prepared Board Resolution for Pride Month and read at the SCCMHA Board Meeting
  - Passing out rainbow-colored masks, stickers, and bracelets

2023: (COVID-19 Pandemic Conditions End / Staff Shortages Continue)

- SCCMHA prepares and implements the Public Health Emergency Unwind tasks that start May 12, 2023.
- PHE ended 5/12/23 resulting in changes to Telemedicine coding
- MDHHS establishes new 1915(i)SPA Benefit with requirement for enrollment by 9/30/23. 2023 SCCMHA ISPA enrollment was 539 consumers.

Staffing Crisis Stabilization

- MSHN extends Staffing Crisis Stabilization Application processes for 1st half & second half of FY23 with 13 category options for reimbursement to assist Network Service Providers.
- Direct Care Wage increase continues at $2.35 hourly Premium Pay. SCCMHA offers additional $2 hourly for in-county specialized residential programs operating in congregate settings.
- Provider Stabilization payments for unusual staffing expenses due to the pandemic will come to a close on September 30, 2023. These costs are not included in the service rates.

Training & Continuing Education

- SCCMHA trained two staff to be Applied Suicide Intervention Skill Trainers (ASIST) trainers.
- SCCMHA supports trained Mental Health First Aid trainer for Veterans.
- SCCMHA Training unit provides direct care training as face to face full time to increase adult learning.

Health Home and Clinic Operations:

- Behavioral Health Home Launched 4-1-23. SCCMHA became one of 3 new CMHSP sites for the MSHN Regional Expansion of Behavioral Health Home (BHH).
- Transfer of SPSI adult psychiatry (Prescriber/RN) services caseload to SCCMHA Hancock OP Clinic effective 4/3/23.
- New Logo. Brochure and Branding

Quality

- Quality Program Redesign launches
- Data Driven-Quality Improvement Program (DD-QIP) – "Operationalizing Metric Report & Dashboard Analysis, Governance & Annual Reporting". SCCMHA designed and established a new Data Driven Quality Improvement Program. This program utilizes the agency's metric reports/dashboards for analysis by the applicable workgroups to develop Quality Improvement Plans which are governed by Executive level Teams and accountable to the Quality Governance Committee. These plans will be reported out in the Annual Quality Report & Plan.

Information Technology

- Improved the Information Technology Network by upgrading the main firewall, automating device enrollment, upgrading Supported Employment and CTS from VPN to fiber, and migrating web filtering from Barracuda to Fortigate.
- Added additional Information Security Safeguards such as implementing a change management process, detection of high-risk

users and forcing high risk users to change their passwords, and migration from McAfee to Windows Defender.

- Advanced the utilization of technology for additional EHR developments. These include rolling out Behavioral Health Home (BHH), Certified Community Behavioral Health Clinic (CCBHC) and Care Connect 360 integration, revised assessment and document locations to better align with clinician practices and streamline processes, and billing for provider network.
- Redesigned the SCCMHA website and updated the content. This redesign improves navigation within the site as well as updates the design to be more in line with current industry standards.
- Rolled out the CrisisConnect program. This included providing law enforcement with both iPads and iPhones to contact Crisis Services for consultations and potential virtual interventions. Law Enforcement officers have the option to call the dedicated Law Enforcement line or call into a DOXY virtual waiting room.

Finance and Billing Changes:

- Process begins of assuring current staff are registered in various databases for YEO & YEO to complete Medical Billing on behalf of SCCMHA and SCCMH Network Credentialing Expands
- Third Party Commercial Billing activity went on-line in November 2022 with Yeo and Yeo Medical Billing Division. This on-line interface started out slowly but is currently working effectively
- New Insurance Coding & Compliance Position Added to Finance Department
- CCBHC Sliding Fee Scale is developed based upon Federal Poverty Levels (FPL) and implementation plan development underway, replacing the State Mental Health code Ability to Pay rules for CCBHC consumers without Medicaid. Implementation date was 7/1/23
- New Standards Cost Allocation Reporting commences
- New CBHC Cost Reporting commences
- CFO Transition Completed
- Rehman Oversight of SCCMH Financial Oversight Ends and Rehaman is engaged in scaled back consulting Contract.
- Last mortgage payments to Chase Bank totaling $61,443.05 for seven group homes (Gera, St. Charles, Riverfront, Rambo, Geddes, CRTP, Liberty-Bridgeport and Lamson) were made on 7/31/23
- Through the CCBHC Demonstration Year 1 (YF22) program, we were able to generate $709,411 of supplemental revenue surplus to

be redirected to Local funds for future year spending for services for Non-Medicaid, Un-Insured or Under-Insured consumers.

Network Changes

- Two current ABA providers, ABA Pathways and Mercy Plus, add additional sites to serve consumers.
- Added an additional Self Determination Coordinator for a total of four to serve increased demands of SD arrangements.
- CCBHC-DCOs are implemented for external primary team providers 10/1/22, supported employment 5/1/23, skill building 5/1/23, and respite staffing agencies 7/1/23.
- Added additional Fiscal Intermediary, GT Independence, to Self Determination Services
- Contracts completed with innovaTel and Array Service providers to provide two master's level clinicians (therapist) for 16 hours of outpatient clinical services a week. These contracts were developed to support CCBHC outpatient therapy needs and specifically serve those with mild to moderate needs.

Customer Services Activities:

- Walk A Mile Rally – 25 attendees
- Customer Service Week Celebration – Gift to staff and go to each building to celebrate
- Attended numerous public events 17 activities, examples:
    - Farmer's Market
    - Men's Health Fair
    - Friday Night Live
    - Great Lakes Collaborative
- Celebrated Pride Month:
    - Prepared Board Resolution for Pride Month and read at the SCCMHA Board Meeting
    - Passing out rainbow colored masks, stickers, and bracelets

Succession Planning for ORR, Customer Services and Security & Compliance

- In anticipation of Tim Ninemire's Retirement in October 2023, the functions in his chain of command reorganized with new positions
- Established new Compliance and ORR Officer Position
- Established new ORR Supervisor Position
- Established new Dir. of Environmental Services, Customer Services and Security position title with subordinate reports that include:
    - New Security Coordinator Position
    - CS Supervisor

- New Facilities Supervisor

CEO Office & SCCMHA Board

- New *Our Services* Publication Developed
- Commenced Implementation of DEI 3-Yr Plan
- Diversity and Workforce Development Position Developed to Advance DEI
- Public Relations Position Developed
- Welcomed new Board members Cheri Long and Kathleen Schachman
- Sandra Lindsey Received *Heart of the City Award*

CCBHC and Other Clinical Operation Changes:

- CCBHC Year 2 continued to build out service capacity and compliance with standards
- CCBHC Condensed Site visit on 5/31/23 with CAP Submitted on 8/17/23
- Great MSHN Full Quality Assurance Review on 7/18/23 – 7/19/23 with CAP to be submitted by 9/7/23
- Administrative Coordinator – Support Coordination and Self Determination position developed and hired to meet the needs of the growth of the Self Determination Program and to assist with Waiver Management.
- Clinical screening tools added to the SENTRI electronic medical record to assist with monitoring and reporting CCBHC required measures.
  - GAD 7 - General Anxiety Disorder 7
  - DAST 10 – Drug Abuse Screening Test 10
  - AUDIT -C – Alcohol Use Disorders Identification Test - Concise
  - C-SSRS - Columbia-Suicide Severity Rating Scale
- SCCMHA develops committee to begin Zero Suicide Implementation (EBP)
- SCCMHA request for check box to be added to the electronic medical record to monitor the utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Submitted to MDHHS for Court 2 MRSS Funding w/ Approved Submission
- All teams are conducting and documenting SCCMHA Interdisciplinary Treatment Team meetings.
- CTS & CTN transition to in-person service only
- Hired a new Board Operated psychologist.
- Developed Behavior Intervention Coordinator position.

- Developed full-time Mental Health Activity Aide positions (4), three have been hired (2 CTN & 1 CTS)
- Supported Employment achieved "Recognized IPS program" status, per State of Michigan, as a result of State IPS Fidelity review (October 2022).
- Supported Employment became fully staffed with the hiring of a Certified Peer Support Specialist. (October 2022)
- Supported Employment Program facility remodel completed Jan. 2023
- On October 1, 2022, SCCMHA joined in the "one point of entry" initiative with other community agencies that provide service to the homeless population in Saginaw County.
- January 25, 2023, Housing Resource Center Staff in its entirety participated in the Annual PIT Count. (Community counting of sheltered and unsheltered individuals in the community).
- The Path Outreach Worker/Veteran Specialist completed the SOAR training in March of 2023 and has successfully submitted several SOAR applications to SSA.
- May of 2023, the Housing Resource Center began to assist in breaking barriers to services for individuals in shelters. Path Outreach Worker/Veteran Specialist position is now completing eligibility screens in the shelters for individuals seeking mental health services.
- In August 20203, Enhanced Health Services (EHS) department moves from Towerline to Housing Resource Center (HRC) site.

Facility Improvements and Capital Projects:

- CSS Break room was renovated.
- New Security Cameras and Software (Hancock & Germania buildings) to be purchased using County bond dollars. RFP concluded with vendor bid award August 2023, installation to be concluded October 2023.
- Currently awaiting delivery of 9 new vehicles from Ford Motor Company; re-ordering 2024 Vehicle models as SCCMHA order did not make it into Ford's 2023 production line.
- Hancock generator installation which was set for Fall of 2023 pushed back due to Caterpillar manufacturer equipment delays. ETA undetermined.
- Modifications were made to HRC Building for Enhanced Health to move to this location

Human Resources and Staff Support:

- Implemented signing bonuses of $3000, $6000, and $10,000 for clinical and other hard to recruit staff.

- Brought back the *American Society of Employers (ASE)* training of two modules…Principles and Practices of Supervision 1 and 2 for sixteen (16) new managers.
- Retention payments provided to all eligible SCCMHA Staff were in a separate payroll dated April 13, 2023, at a total cost of $240,225.11. A second retention payment on September 29 for the last 6 months of the fiscal year totaled $514,761.64.
- Established new DEI Questions to be used for new candidate interviews
- SCCMHA Rain Jackets with logo for all staff

DEI Implementation Plan

- DEI Implementation Plan Update to SCCMHA Board – May 2023
- Developed and delivered training to SCCMHA supervisors and directors on how to have DEI conversations with staff
- Provided all Supervisors with resource to assist with DEI conversations titled: *Diversity, Equity and Inclusion – Strategies for Facilitating Conversations on Race*
- Developed new DEI Page to SCCMHA Website under About Us tab
- Began training of staff charged with policy development and review in use of Equity Impact Assessment (EIA)
- Developed new Diversity Workforce Development Officer position with target hire date in Oct 2024
- Developed Standard DEI questions for all levels of new hire candidate interviews, commencing in Qtr 1 2024

Definitions:

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

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

after a CMH becomes an Authority, the amount of local matching funds required of the Authority cannot exceed the level provided by the CMH during the year in which the Authority was established.

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

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

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

Prepaid Inpatient Health Plan (PIHP): PIHPs are Medicaid behavioral health managed care organizations that administer capitated funds, bear risk for Medicaid consumers, and manage behavioral health care for consumers with Medicaid. Medicaid funds are allocated to PIHPs based on the number of Medicaid beneficiaries in the PIHP's service area and PIHPs pay providers directly. Providers include the CMHs themselves as well as community-based providers under contract with a CMH or CA. PIHPs receive monthly capitated payments from MDHHS for the Medicaid Managed Mental Health Care Program. PIHPs issue Medicaid payments to doctors, hospitals, other community providers and CMHs as well as perform gatekeeping and authorization services and monitor health outcomes and standards of care. There are currently ten (10) PIHPs in Michigan.

References:

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

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

Exhibits:
None

Procedure:

None

Tab 2

Eligibility & Care Management

<table>
<tr><th colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: LOCUS</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.19</td></tr>
<tr><td>Effective Date:
4/1/10</td><td>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, 4/26/23, 8/1/23
Supersedes: 03.01.01.01</td><td rowspan="2">Approved By:
Sandra Lindsey, Chief Executive Officer

Responsible Director:
Executive Director of Clinical Services

Authored By:
Mary Baukus

Additional Reviewers:
Jennifer Keilitz, Care Management Staff, John Burages, Nancy Johnson, Valerie Toney</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

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

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. 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 quarterly or as needed.	3. Continuing Education Dept.
4. Information about opportunities for refresher trainings through Community Mental Health Association of Michigan will be shared as they are available.	4. Continuing Education Dept.
5. 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	5. Central Access & Intake Specialist, Care Management Specialist

diagnosis, assessment and consumer needs as described by the consumer.	
6. The LOCUS will be scored by the Crisis Intervention Service therapist as a part of the inpatient preadmission screening.	6. Crisis Intervention Service
7. All acute care admissions are the clinical judgment of the Crisis Clinician who may override the LOCUS recommendation with documented rationale.	7. Crisis Intervention Services
8. 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. Clinical staff who complete LOCUS.
9. 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. Care Management Department
10. 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. Care Management Specialist and Care Management Conference.
11. Case Holders will update LOCUS every 90 days.	11. Case Holders
12. A new LOCUS will also be completed for a new episode of care. For example, upon discharge from the hospital.	12. Case Holders
13. 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.	13. Manager of Utilization Care Authorizations.

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**	

Exhibit B

LOCUS Training Expectations

Who is expected to be trained in LOCUS?

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

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

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

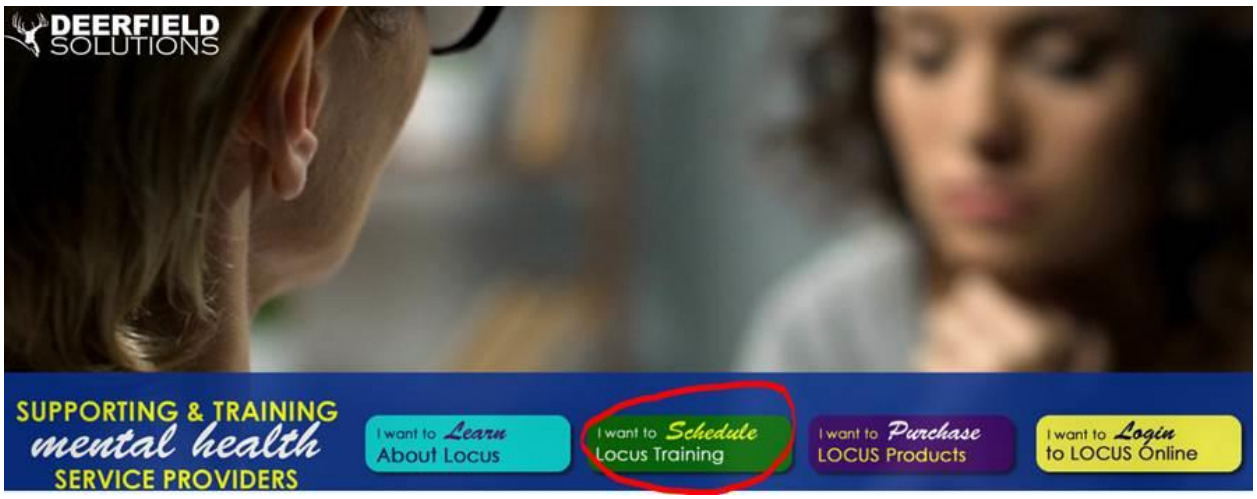
How do I access the Deerfield LOCUS training?

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

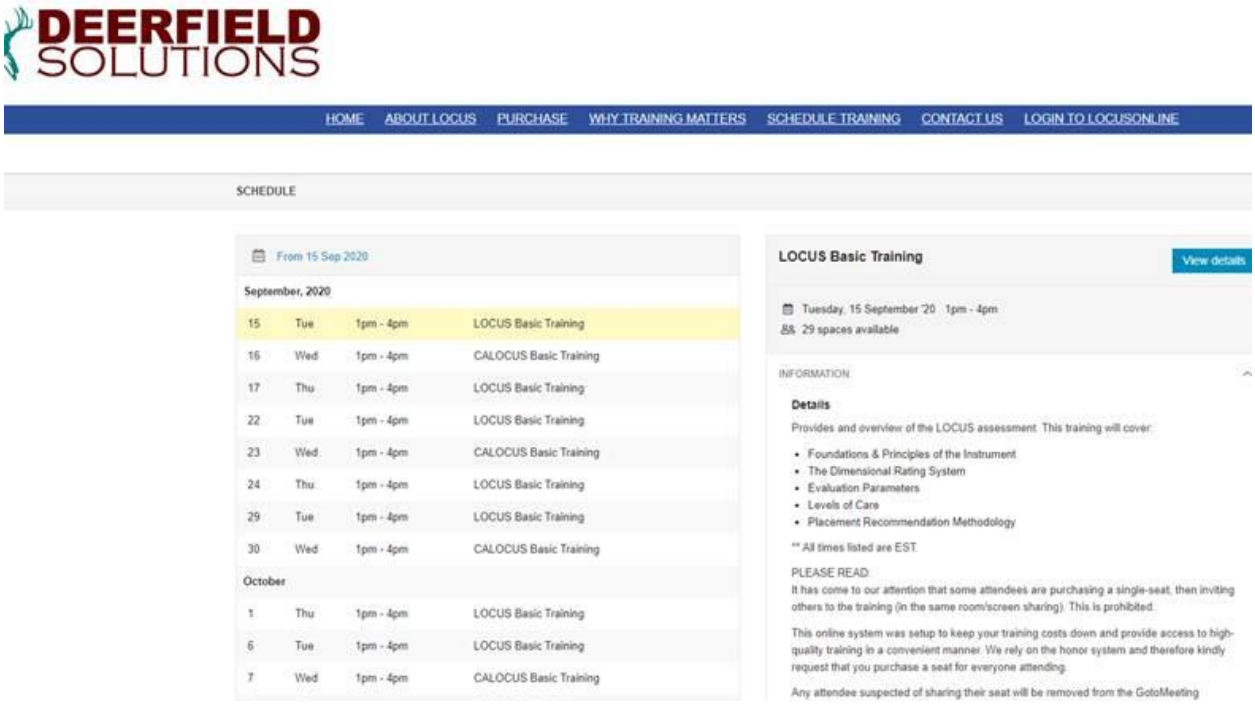
1. SCCMHA Board Operated staff: Deerfield LOCUS training does not need an external training request approval. There is a blanket approval for this training. Once your supervisor approves, you can self-register by following the steps below.

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

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



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



What is LOCUS 201 and how do I complete it?

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

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

How do I complete annual LOCUS training?

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

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

Tab 4

Service Delivery

<table>
<tr><td colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Dialectical Behavior Therapy (DBT)</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.03.09.04</td></tr>
<tr><td>Effective Date:
7/20/06</td><td>Date of Review/Revision:
11/29/07, 5/18/09, 6/10/10, 4/2/12, 5/8/14, 4/5/16, 6/13/17, 4/10/18, 4/9/19, 8/26/19, 6/1/20, 3/10/21, 1/12/22, 1/10/23, 9/22/23
Supersedes:</td><td rowspan="2">Approved By:
Sandra M. Lindsey, CEO

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

Authored By:
Mary Baukus, Barbara Glassheim

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

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

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

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

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

b. Group skills training
c. Telephone contact/Phone Coaching
d. Therapist weekly consultation group (in which the DBT team of individual therapists and skills trainers meet to review the program and their practice using the dialectical style that characterizes the practice of DBT within this peer supervision group).
e. Ancillary Treatments (e.g., pharmacotherapy, employment services, clubhouse, hospitalization, and other evidence-based practices)

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

a. Once-weekly individual psychotherapy sessions in which a particular problematic behavior or event from the past week is explored in detail, beginning with the chain of events leading up to it, going through alternative solutions that might have been used, and examining what kept the consumer from using more adaptive solutions to the problem. DBT-A, there may also be family sessions.
b. Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship. The emphasis is on teaching consumers how to manage emotional trauma rather than reducing or taking them out of crises.
c. Weekly 2.5-hour group therapy sessions in which interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught.

5. DBT targets behaviors in a descending hierarchy:
   a. Decreasing high-risk suicidal behaviors
   b. Decreasing responses or behaviors (by either the therapist or consumer) that interfere with therapy
   c. Decreasing behaviors that interfere with/diminish quality of life
   d. Decreasing and dealing with post-traumatic stress responses
   e. Enhancing respect for self
   f. Acquisition of the behavioral skills taught during group
   g. Additional goals set by the consumer
6. The core strategies in DBT are validation and problem-solving. Attempts to facilitate change are surrounded by interventions that validate the consumer's behavior and responses as understandable in relation to their current life situation, and that show an understanding of their difficulties and suffering. Problem-solving focuses on the establishment of necessary skills. To deal with difficulties in using problem-solving skills in particular situations the following techniques may be applied in the course of therapy:
   a. Contingency management
   b. Cognitive therapy
   c. Exposure based therapies
   d. Pharmacotherapy

7. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.
   a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including DBT, to discuss fidelity monitoring.
   b. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes for DBT participants ages 18+. For youth participating in DBT-A who are under the age of 18, the Child

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

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

C. DBT-Informed Treatment Options

1. Standard DBT and DBT-A can be provided in an informed manner.
   a. Informed means using aspects of the practice without necessarily using all the components and it may not follow the same timeline as full DBT implementation. For example, having a condensed skills group only intervention or working with someone individually, without a group component, and integrating DBT concepts into therapy session.
   b. DBT-Informed can also be the idea of using DBT concepts in individual or an adapted group setting without the existence of a DBT team.
   c. DBT-Informed interventions do not identify DBT as the EBP for tracking purposes, but because DBT falls under the umbrella of Cognitive Behavior Therapy, CBT should be identified as the intervention in the SENTRI system.
2. DBT-Informed: Skills System
   a. The Standard DBT skills curricula are not accessible for people with significant learning challenges. Cognitive load demands are too high to allow for learning, free recall, and generalization in the natural environment.
   b. Skills System uses a DBT-based framework that helps people experience a dialectical synthesis (the ability to be in pain AND be effective at the same time) versus polarization during emotional, cognitive, behavioral, relationship, and self-processes in complex life contexts.
   c. The Skills System Design
      1) Framework breaks complex tasks into component parts – Task Analysis Integrates mindfulness strategies and goal directed thinking that lead the individual to execute goal-directed actions.
      2) Provides clear, strategic steps (micro-transitions) to create adaptive chains of behavior.
      3) The tools have to be flexible enough to be able to adapt to internal and external changes in the moment.
      4) The skills and the "system" function as cognitive scaffolding to help navigation (being present & effective) across the spans of emotions.

Definitions:

<u>Dialectical Behavior Therapy (DBT)</u>: A mode of treatment designed for people with borderline personality disorder (BPD), especially those who engage in suicidal behavior.

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

Dialectical Behavior Therapy for Adolescents (DBT-A): Dialectical Behavior Therapy (DBT) has been adapted for adolescents aged thirteen to nineteen who are suicidal. It focuses on helping teens and their families master the challenges of the transition from adolescence to adulthood as well as ameliorate problematic behaviors that are sometimes used to deal with extreme emotional intensity. The intervention has been modified for use in outpatient as well as inpatient settings. The first phase of treatment has been shortened from one year to sixteen weeks. The number of skills has been reduced in order to teach them in sixteen weeks. Parents are included in the skills training group in order to enhance generalization and maintenance of skills. Family members are taught to use skills and improve the adolescent's home environment. A new skills training module, Walking the Middle Path, has been added to teach behavioral principles and validation as well as address the dialectical dilemmas inherent in parent-adolescent interactions.
Parents are required to attend a multi-family parents' group where they learn the DBT skills of mindfulness, distress tolerance, interpersonal effectiveness, emotion regulation and Walking the Middle Path. In addition, parents learn to understand and respond to specific adolescent behaviors, encourage the use of skills at home, and receive support from each other within a DBT framework. One of the group skills trainers provides parents with skills coaching for occasions of distress. Parents and/or other family members are included in individual sessions when indicated. The language on the skills handouts has been simplified to make them developmentally and culturally appropriate for adolescents.

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

Skills System: The Skills System is a user-friendly set of emotion regulation skills, designed to help people of various ages and abilities manage emotions. Learning how to regulate emotions enables individuals to be present in the moment and be more effective– even in stressful situations. Over- and under-reacting can cause more stress and problems. The Skills System helps individuals be aware of our current moment, think through the situation, and take goal-directed actions that align with our values.

References:

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

Exhibits:

A. SCCMHA DBT Referral Packet

Procedure:

ACTION	RESPONSIBILITY
Initiates referral for DBT by completing the DBT referral form (found on the SCCMHA information system G-drive and Exhibit A).	Clinician
Interviews the consumer. Provides a DBT case formulation and documents it in the Therapist Assessment in Sentri Administers the SCID DSM-5 Personality Disorders (SCID-5-PD) diagnostic and Borderline Symptom List 23 (BSL-23).	DBT Team Screening Clinician
Complete Pre-treatment stage checklist Assist consumer to complete intake forms	DBT Therapist and Team Leader
Completes assessment or functional analysis of target behavior. Reviews diagnosis with the consumer. Teaches the Biosocial Theory to the consumer if the consumer has a diagnosis of borderline personality disorder. Reviews the concept of Dialectics. Reviews the modes of DBT and their functions with the consumer Reviews the DBT therapist's clinical style with the consumer and what they can expect during certain in-session behavior. Reviews Agreements of consumer and therapist stresses that DBT is supportive, behavioral, collaborative, skill-oriented, and balanced between acceptance and change.	
Determines if the consumer has the cognitive capacity (at least an I.Q. of 70 except with Skills	Psychologist

System, where an individual with I/DD can fall into the mild to moderate range) when there is a question of whether the consumer will be able to benefit from participating in a DBT skills building format. Determines whether any psychological testing is necessary.	
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 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.	DBT Team (DBT therapist, Consultation team members, psychologist, and other ancillary clinicians if needed)
Monitors DBT on a regular basis for adherence to the model and outcomes. Conducts a MIFAST DBT review every 3-5 years.	EBP Leadership Team/Designated DBT Fidelity Monitoring Group MIFAST/SCCMHA DBT Team
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	DBT Therapist and Case Holder

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

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

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

DBT Referral Cover Sheet

Name: _____

Sentri ID: _____

Date: _____

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

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

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

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

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

DIALECTICAL BEHAVIOR THERAPY (DBT) REFERRAL FORM

Date: _____

Consumer Information

First Name (legal): _____ Last Name: _____

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

Sentri ID: _____

Interpreter required? ___YES ___NO If yes, language needed: _____

Gender Identity: ___Female ___Male ___Non-binary/3rd gender ___Other: _____

___Prefer not to say

Pronouns: ___She, her, hers ___He, him, his ___They, them, theirs ___Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type (*Mark one*): __Cell __Home __Work

Secondary phone: _____ Type (*Mark one*): __Cell __Home __Work

OK to leave voicemails? (*Mark one*): ___YES ___NO Best time to call? _____

Has consumer participated in DBT in the past? ___YES ___NO

If yes, where? _____. *When?* _____

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

Relationship to client: _____

First and Last name: _____ Agency name: _____

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

Phone: _____ Type (*Mark one*): __Cell __Home __Work

Email address: _____

OK to leave voicemails? (*Mark one*): ___YES ___NO Best time to call? _____

When did current treatment episode begin? _____

Scan Under Supporting Documentation

Current DSM 5 Diagnosis(es): _____

_____

_____

_____

Current Psychiatric Medications: _____

(please include dosage and how often taken) _____

_____

_____

_____

_____

Eating disorder concerns? (*Mark one*): ___YES ___NO

If yes (*Mark all that apply*): ___Binging ___Purging ___Restricting ___Over-exercise

___Other (please list): _____

Self-harming behaviors in the past twelve (12) months? (*Mark one*): ___YES ___NO

If yes (*Mark all that apply*): ___Burning ___Cutting ___Picking ___Hitting/Slapping

___Other (please specify): _____

Substance Use Problems? (*Mark one*): ___YES ___NO ___Past History

If yes, which substances(s): _____

Psychiatric Hospitalization / Inpatient History? (*Mark one*): ___YES ___NO

If yes, please complete the following:

Name / Location	When	Reason for Admission

Total number of lifetime hospitalizations for mental health reasons: _____

Scan Under Supporting Documentation

Suicidal thoughts? (*Mark one*): ___YES (current) ___YES (past) ___ NO

If yes, how frequently? _____

Suicide attempts in the past twelve (12) months? (*Mark one*): ___YES ___NO

If yes, date of most recent attempt: _____

Number of lifetime suicide attempts: _____

Cognitive Delay or Intellectual Impairment? (Mark one): ___YES ___NO

If yes, please describe: _____

_____

Any current legal involvement? (e.g. parole, probation, ATO, etc.): ___YES ___NO

If yes, please describe: _____

History of assault/violence towards others? (*Mark one*): ___YES ___NO

Homicidal thoughts? (*Mark one*): ___YES ___NO

History of trauma/traumatic experiences? ___YES ___NO

Is consumer compliant with current scheduled appointments? ___YES ___NO

Is consumer compliant with current medications? ___YES ___NO

Has DBT been discussed with consumer previously? ___YES ___NO

If yes, are they aware of this referral? ___ YES ___NO

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

☐ Personal/Self-Care	☐ Benefits and Entitlements	☐ Transportation
☐ Housing	☐ Employment	☐ Medical/Physical Health

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

_____

_____

Scan Under Supporting Documentation

Related IPOS Goal: _____

_____

_____

SCCMHA DBT GOALS (*please check all that apply*):

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

_____ 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

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Name: _____ Date: _____

Treatment Phase: ☒ 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

Tab 7

Claims Processing

<table>
<tr><th colspan="3">Finance Department Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:
Contracted Network Provider Claims Submission</td><td>Chapter: 09.10.01 - Claims</td><td>Subject No: 09.10.01.01</td></tr>
<tr><td colspan="3">  </td></tr>
<tr><td rowspan="2">Effective Date:
September 14, 2000</td><td>Date of Review/Revision:
3/18/02, 10/1/02, 4/1/03, 10/1/03, 10/1/06, 2/7/07, 7/1/10, 9/1/10, 11/10/11, 6/15/12, 6/2/14, 5/4/16, 7/21/17, 6/20/18, 6/14/19, 1/27/20, 3/31/20, 12/28/23</td><td rowspan="2">Approved By:
Chief of Network Business Operations

Authored By:
Chief of Network Business Operations

Reviewed By:
Claims Processors:</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

Purpose:
In order to ensure accurate and timely payment of claims, the following specific claims related guidelines have been issued.

Application:
SCCMHA Claims Processors
SCCMHA Chief of Network Business Operations
SCCMHA Contracted Network Service Providers

Policy:
None

Standards:
None

Definitions:
Clean Claim: A clean claim is defined as having all claims criteria accurately supplied and free of all error messages.

References:
SCCMHA Financial Liability for Mental Health Services Policy - 05.02.06
UB04 (CMS-1450) Uniform Billing Form Instructions - 09.10.01.01.05
Sentri Claims Adjudication Reason Codes - 09.10.01.01.02

Non Panel– Non Contract Provider Authorizations and Claims Submission Procedures - 09.10.01.01.09
Sentri Claims Processing and Reimbursement Procedures - 09.10.01.01

Exhibits:
None

Procedure:
- Claims Submission:

The provider shall submit to SCCMHA claims for payment of authorized covered services. There are three types of submission:

1. Claims prepared on either a form CMS-1500 for Professional Charges or UB04 (CMS-1450) for Institutional charges for Inpatient Stays as described in the Service Provider Manual and mailed to SCCMHA claims department.
2. Online data entered directly into the SCCMHA E.H.R. software "Sentri". Login must be obtained by SCCMHA IS Department individually specific to each provider's setup(s) for each billing clerk as described in the Service Provider Manual.
3. Electronic data transmission approved through SCCMHA 837p or 837i file.

The provider shall submit clean claims within ninety (90) calendar days of service and not to exceed forty-five (45) days from end of each fiscal year ending September 30th, or within thirty (30) calendar days of receipt of remittance advice from payors precedent to SCCMHA, not to exceed a year from date of service.

To prevent delay in processing of claims, all paper claims should be mailed to:

SCCMHA
Attn: Claims Processing Department
500 Hancock
Saginaw, MI 48602

Claims may also be dropped off at 500 Hancock exterior drop box located near canopy entrance or the Customer Services window at 500 Hancock, addressed to the attention of Claims Processing.

- Claims Criteria:

All claims must be submitted in a HIPAA 837 compliant format, with all critical information provided without errors in order to be considered a clean claim.

The letter(s) of authorization available by SCCMHA E.H.R. Sentri will provide current claims information. Every claim must contain this authorization number in order to be

considered a clean claim. **Claim Processers do not approve nor create service authorization numbers**.

- Claims Processing:

The Provider must adjudicate the claim batch and review for errors. The errors should be corrected and the claim batch should be re-adjudicated by the Provider prior to the submission. This above statement also applies to electronic 837 files.

The Claims Processors will assist the Provider but will not make corrections for the Provider. Claims with errors remaining after submission will be returned or denied.

Please refer to Procedure 09.10.01.01.02 Sentri Claims Adjudication Reason Codes. It outlines the various claim's remittance error messages processed through Sentri.

If there is a payor precedent to SCCMHA, the Provider must enter and preferably scan the COB information on the service line item and/or provide proof of COB information to the Claims Processer. COB information can be submitted via Sentri messaging, fax 989-799-3918 or US Mail.

SCCMHA will make timely payments to all providers for covered services as outlined in their signed provider participation agreement. Paper claims received at SCCMHA will be date stamped when received.
Claims received thru Sentri will have recorded and automated submission date. Clean claims will be paid within 30 days of receipt.

This standard may vary for services rendered under a sub-contract in which other timeliness standards have been specified and agreed to by both parties.

- Claims Payment:

SCCMHA's provider participation agreement requires providers to bill SCCMHA their actual cost of providing the service rendered. Claims will be paid based on the rate established within their signed provider participation agreement.

False Claims: If a claim submitted by the provider is paid by SCCMHA, but is subsequently determined to be a false claim (i.e., improper or unsubstantiated), SCCMHA is entitled to recover its costs by deducting the amount of the false claim from the provider's future claims or requiring reimbursement by the provider. In addition to the amount of the false claim, SCCMHA costs may include, but are not limited to, associated administrative costs and expenses. SCCMHA also reserves the right to seek any other remedies available at law and/or in equity.

ACTION	RESPONSIBILITY

1. Mail paper claims in UB4 or 1500 837 compliant format to SCCMHA	Network Services Provider
2. If submitting electronically, either by 837 file or direct data entry into Sentri. Provider to Run and Review their batches' Adjudication Report in Step #2 of Sentri claims submission	Network Services Provider
3. If submitting electronically, Provider is to correct any errors prior to final submission of Claims to SCCMHA	Network Service Provider
4. Provider to Submit Clean Claims to SCCMHA via either US mail system or electronically, this also includes associated COB information required if CMH is not primary Payor.	Network Services Provider
5. SCCMHA will Adjudicate Claims timely	Claims Processors
6. SCCMHA Claims Processors will Assist Providers with Resolving Claim Errors. It is the Providers Responsibility to submit Clean Claims	Claims Processors
7. SCCMHA Claims Processors will return or deny Batches if Claims are not Clean	Claims Processors

Finance Department Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Electronic Claims Submission by Provider	**Chapter:** 09.10.01 - Claims	**Subject No:** 09.10.01.01.01
		
Effective Date: 10/1/06	**Date of Review/Revision:** 3/28/07, 6/24/10, 11/18/11, 6/15/12, 6/2/14, 5/13/16, 6/20/18, 6/14/19, 1/27/20, 12/28/23 **Supersedes:** 09.02.01.01.30	**Approved By:** Chief Of Network Business Operations **Authored By** Chief of Network Business Operations **Reviewed By:** Claims Processors

Purpose:
To provide instruction to network providers on claims entry and submission using the Sentri claims processing software.

Application:
SCCMHA Claims Processors
SCCMHA Chief of Network Business Operations
SCCMHA Provider Network

Policy:
None

Standards:
None

Definitions:

Adjudication- Reported process that shows whether the claim has errors. The Adjudication Report should be run prior to submission of claims to SCCMHA. Final adjudication is performed by the SCCMHA Claims Processors.

Approval- recommend for payment.

Approved Claims- Approved claims in this procedure refers to the claims that have been entered and edited by the provider to be submitted to SCCMHA for payment. Claim entry and provider approval is achieved by completing Steps 1 & 2 on the Sentri claims processing menu.

Authorization- The document allowing the provider to render and bill for services. These consumer specific authorization numbers are obtained thru SCCMHA Care Management Dept. as requested by the consumer's primary record holder.

Claim Form- UB04 (CMS 1450) or HCFA 1500 (CMS 1500).

Claims Processing/Management - Sentri view that allows access to claims submission functions.

CMHSP- Community Mental Health Service Program. Saginaw County Community Mental Health Authority is one of Michigan's CMHSPs.

Entered Claims- Entered claims in this procedure refers to the claims that have completed Step 1 of the Sentri claims processing menu.

Reconsider- Process where a claim line is backed out by SCCMHA Claim Processors. This places a credit on the Provider's account.

SCCMHA- Saginaw County Community Mental Health Authority

SCCMHA Sentri software- The E.H.R. claims processing system and software used by SCCMHA for payment of claims.

837 File – HIPAA compliant electronic file submission

References:
SCCMHA Provider Registration and Maintenance for Access to Sentri Claims Module – 09.10.01.01.06
SCCMHA Sentri Claims Submission by Provider– 09.10.01.01.01
SCCMHA Sentri Claims Adjudication Reason Codes – 09.10.01.01.02

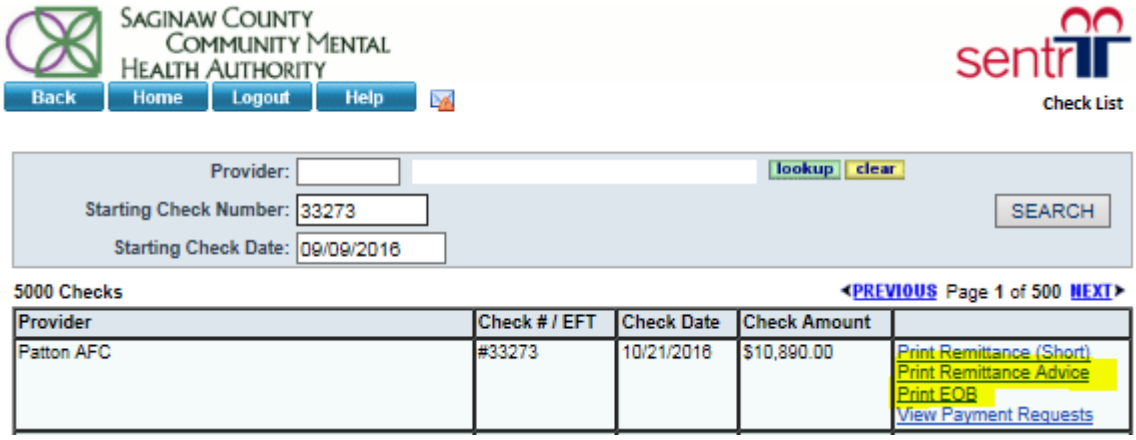
Exhibits:
None

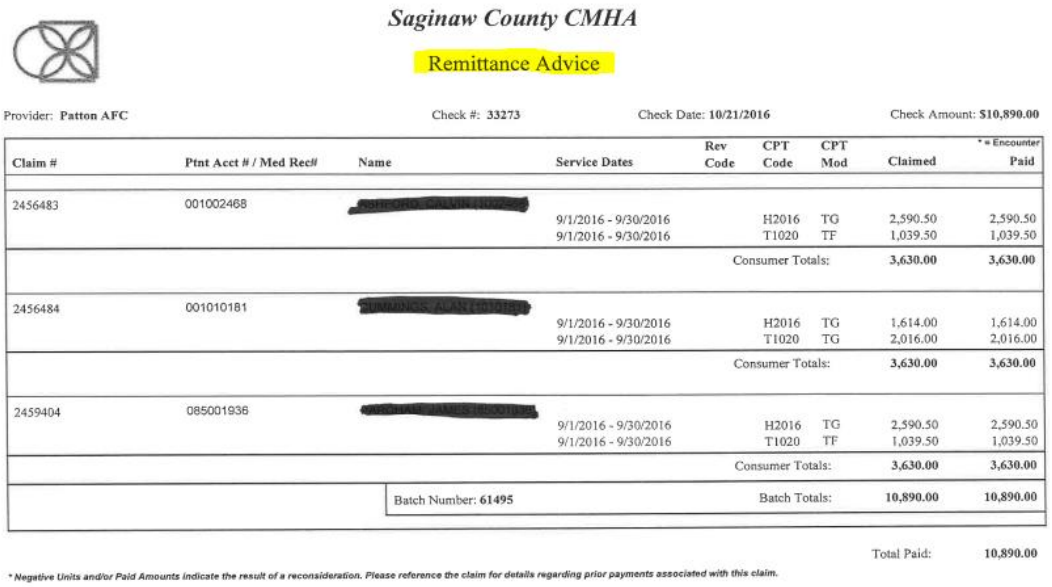
Procedure:

ACTION	RESPONSIBILITY
1. Enter claims into Sentri System	Provider

2. Adjudicate the batch and review for errors. Make corrections and re-adjudicate for final submission	Provider
3. Send Batch(es) to CMHSP (or SCCMHA)	Provider
4. Final Adjudication/applicable COB review for Submitted Approved Claims from Provider	SCCMHA Claims Processor(s)
5. Submits Electronic Funds Transfer (EFT) or Print checks	SCCMHA General Ledger Staff Accountant/Accounts Payable Clerk
6. Print remittance advice and explanation of benefits to include with check.	Claims Processors/Provider/ Provider's Supervisor
7. Mail checks with remittance	SCCMHA Claims Processor(s)

Sample visuals of Remittance Advice/EOB reports:





Saginaw County CMHA

Remittance Advice

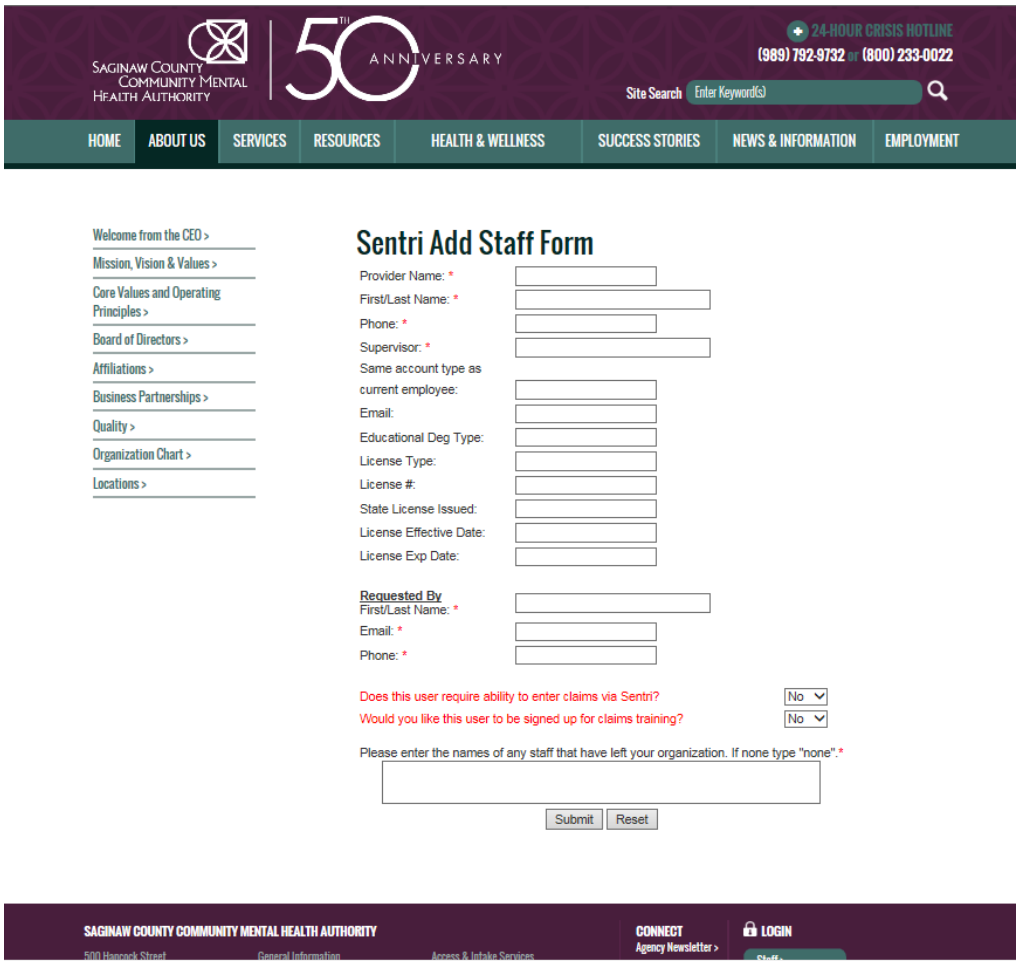
Provider: **Patton AFC** Check #: **33273** Check Date: **10/21/2016** Check Amount: **$10,890.00**

Claim #	Ptnt Acct # / Med Rec#	Name	Service Dates	Rev Code	CPT Code	CPT Mod	Claimed	* = Encounter Paid
2456483	001002468	[redacted]	9/1/2016 - 9/30/2016		H2016	TG	2,590.50	2,590.50
			9/1/2016 - 9/30/2016		T1020	TF	1,039.50	1,039.50
					Consumer Totals:		**3,630.00**	**3,630.00**
2456484	001010181	[redacted]	9/1/2016 - 9/30/2016		H2016	TG	1,614.00	1,614.00
			9/1/2016 - 9/30/2016		T1020	TG	2,016.00	2,016.00
					Consumer Totals:		**3,630.00**	**3,630.00**
2459404	085001936	[redacted]	9/1/2016 - 9/30/2016		H2016	TG	2,590.50	2,590.50
			9/1/2016 - 9/30/2016		T1020	TF	1,039.50	1,039.50
					Consumer Totals:		**3,630.00**	**3,630.00**
		Batch Number: **61495**			Batch Totals:		**10,890.00**	**10,890.00**
						Total Paid:		**10,890.00**

** Negative Units and/or Paid Amounts indicate the result of a reconsideration. Please reference the claim for details regarding prior payments associated with this claim.*

- Provider claims are either entered directly into the Sentri system or through a HIPAA 837p or 837i compliant format.

- The provider must contact the SCCMHA IS Department Help Desk via SCCMHA website link (teamdynamix.com)https://sccmha.teamdynamix.com/TDClient/63/Portal/Requests/TicketRequests/NewForm?ID=QZgvpkBO4NM_&RequestorType=Service or email Hdesk@sccmha.org to make arrangements for electronic access to Sentri claims module. Please reference procedure 09.10.01.01.6- SCCMHA Provider Registration and Maintenance for Access to Sentri Claims Module for additional information.



Answer "Yes" to the following two questions on the "Sentri Add Staff" form to request Sentri claims access and to request training on the Sentri claims system.

Does this user require ability to enter claims via Sentri? Yes

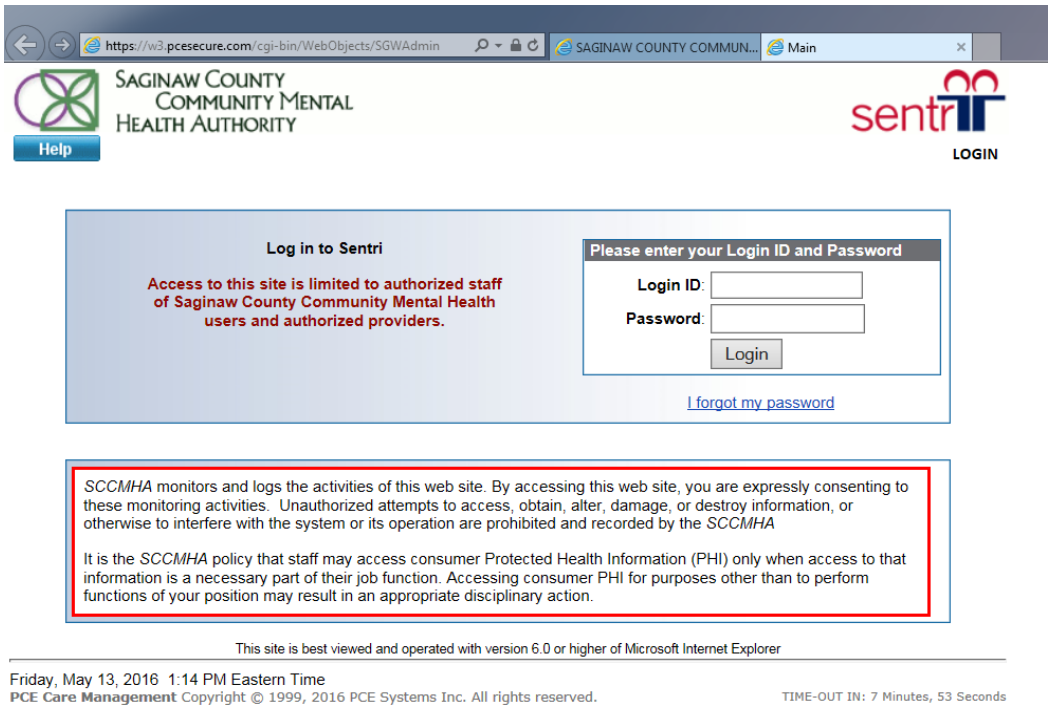
Would you like this user to be signed up for claims training? Yes

- Call the Claims Processing Department to set up training, if needed.
  - After obtaining the Log In, and Password, the provider can log into https://w3.pcesecure.com/cgi-bin/WebObjects/SGWAdmin

  - Login's should not be shared and should be kept secure. SCCMHA staff, service programs and network providers will abide by current HIPAA requirements to protect the privacy and security of the health information of persons who are service recipients of SCCMHA. SCCMHA is a "Covered Entity" as defined by HIPAA

and HIPAA compliance is an employment and contractual obligation for all members of the SCCMHA provider network workforce.

Snapshot of Sentri Login Screen:

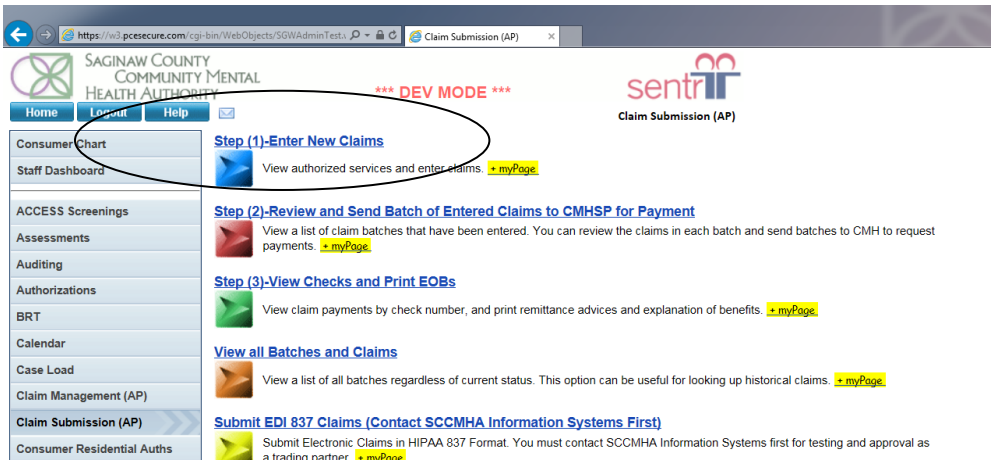


CLAIMS PROCESSING IN SENTRI

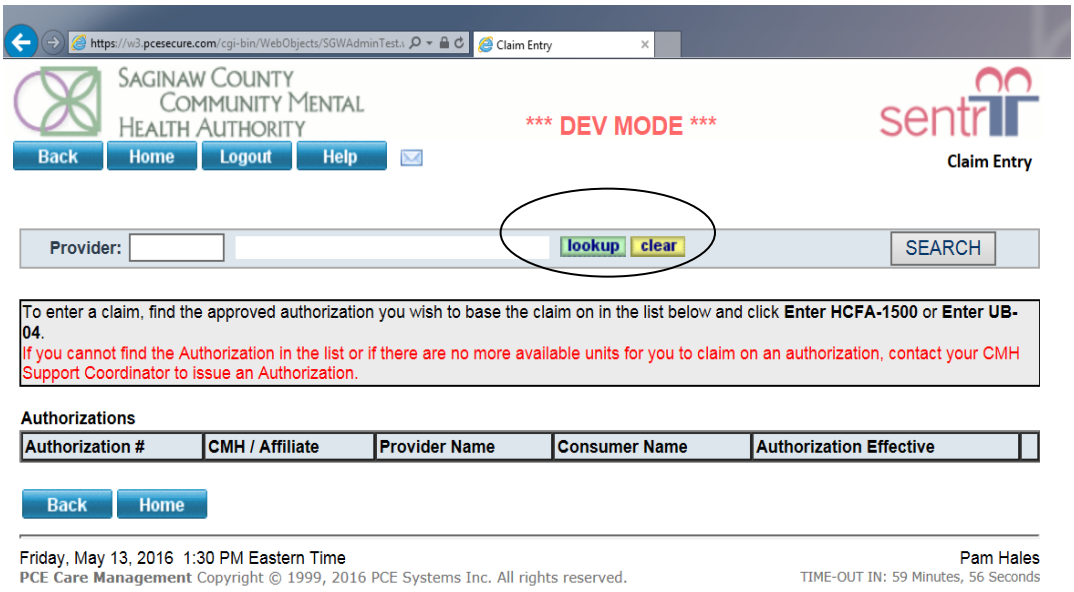
After logging into Sentri, click on **"Claim Submission"** button on the left side of the screen.

STEP 1

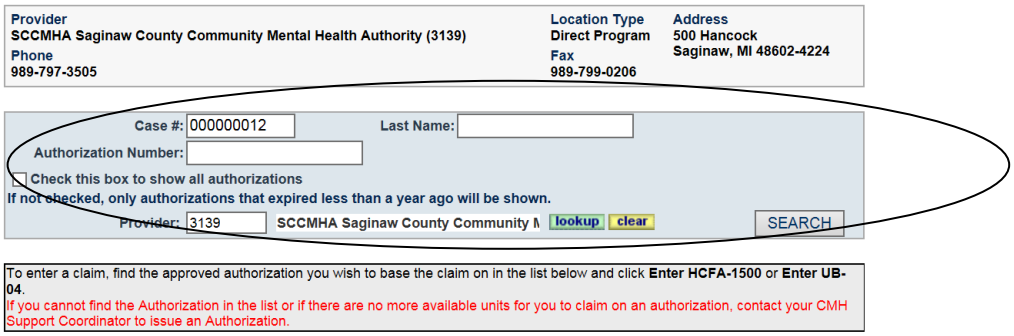
A) Click "Step (1) - Enter New Claims"



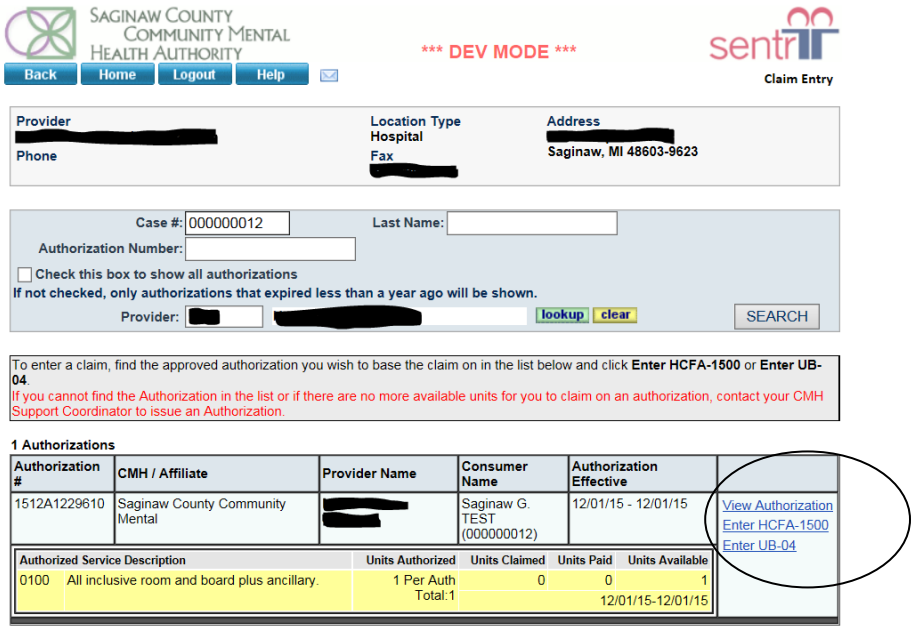
B) Click "Lookup" and type in Provider name.



C) Enter either the consumers "Case#" or "Last Name" and click the "Check this box to show all authorizations". Then click "**Search".**



D) Authorizations will appear for the consumer in newest to oldest order. Note: There may be more than one page of authorizations to view. Find the authorization that matches the provider, date range and code that you are preparing to bill for. Use the blue links circled below to proceed to the correct billing form (the HCFA-1500 or the UB-04); there is also a link to "View Authorization" that will allow you to see more detail regarding the authorization.



If you are unable to locate an authorization; you will **not** be able to continue entering claims for this consumer. Please contact the consumer's assigned primary record holder to have an authorization requested, or to check the status of the authorization.

TIP - Be Proactive - Make your inquiries via Sentri messaging or secure email so they are documented. Set up some kind of tracking be sure to follow up on the same email thread.

Create your own internal set of procedures:

- What does the Billing Clerk do when they can't enter a claim because the Authorization is missing or needs correction?
- How are you going to track this claim to make sure it gets submitted?
- How long should the Billing Clerk wait before the next level of your internal Management gets involved?
- What is causing the missing Authorization? Is the problem chronic?
- Do you need a formal Correction Action Request system?

Don't wait to reconcile SCCMHA's check against your internal system to find out the claim was never submitted.

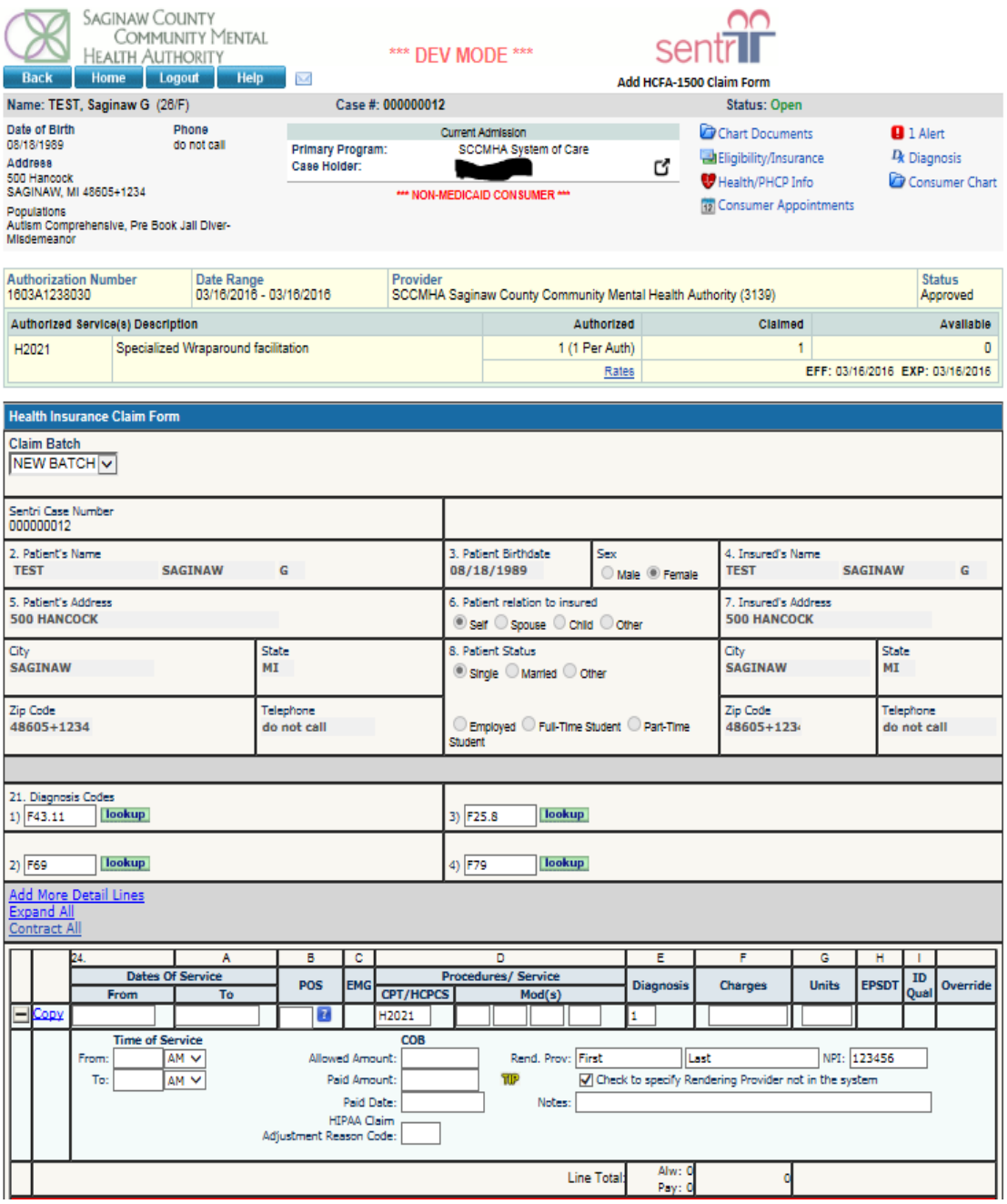
SCCMHA Claims Processors do not have authority or access to create or change Authorizations.

Timely claim submission will help your organizations cash flow.

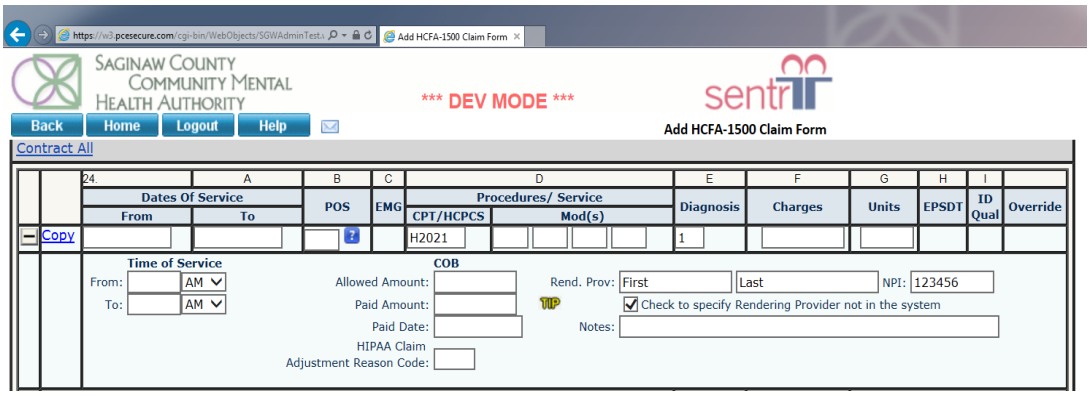
SCCMHA is required to submit various reports to their PHIP and Michigan Department of Health & Human Services (MDHHS) throughout the year regarding funding requirement forecasts. We need timely claim submission to allow us to provide accurate figures to submit. This has a direct effect on the funds that are made available to SCCMHA from the MDHHS.

E) Enter claim information into the electronic form. A number of the fields will automatically pre-populated with consumer data that is housed in Sentri. Other fields will need to be manually entered.

Sample: HCFA-1500 Form



Box #24 of the HCFA contains a number of fields that require manual entry such as: Dates of Service, POS (Place of Service), CPT/HCPCS (procedure code), Mod(s) (Modifiers), Charges, Units, COB (Coordination of Benefits), NPI number, and Time of Service fields.



24 A. Dates of Service
The dates you enter must fall in between the dates on the Authorization or the line will error out. Are you using the correct Authorization?

24 B. POS Place of Service
Sentri has a menu item to obtain current list. Below is a sample list

25 Records.

Code	Description
01	01-Pharmacy
02	02-Telehealth
03	03-School
04	04-Homeless Shelter
09	09-CCI / Jail / Prison
10	10-Telehealth at Home
11	11-Office
12	12-Home
13	13-Assisted Living Facility
14	14-Group Home (AFC)
15	15-Mobile Unit
20	20-Urgent Care Facility
21	21-Inpatient Hospital
22	22-Outpatient Hospital
23	23-Emergency Room-Hospital
31	31-Skilled Nursing Facility
32	32-Nursing Facility
33	33-Custodial Care Facility
41	41-Ambulance-Land
51	51-Inpatient Psych. Facility

24 C. EMG – is left blank.

24 D. Procedures/Service
CPT/HCPCS code along with any Modifiers as listedon the Authorization. If you get an error message refer back to the Authorization. Are you using the correct Authorization number?

24 E. Diagnosis Code

24 F. Charges
Providers are to bill SCCMHA their actual costs. Claims will be paid based on the rate established in the signed Provider Participation Agreement.

24 G. Units
See PIHP/CMHSP ENCOUNTER REPORTING HCPCS and REVENUE CODES for rules on Units of measure.

PIHP/CMHSP ENCOUNTER REPORTING
HCPCS and REVENUE CODES

GENERAL RULES FOR REPORTING

1a. Rounding rules for HCPCS reporting:

"Up to 15 Minutes"	15 Minutes	30 Minutes	45 Minutes	60 Minutes
1-15 = 1 unit	1-14 minutes= 0*	0-29 minutes = 0*	0-44 minutes = 0*	1-59 minutes = 0*
16-30 = 2 units	15-29 = 1 unit	30-59 = 1 unit	45-89 = 1 unit	60-119 = 1 unit
31-45 = 3 units	30-44 = 2 units	60-89 = 2 units	90-134 = 2 units	120-179 = 2 units
46-60 = 4 units	45-59 = 3 units		135-179 = 3 units	180-239 = 3 units
61-75 = 5 units	60-74 = 4 units			240-299 = 4 units
76-90 = 6 units	75-89 = 5 units			300-359 = 5 units
91-105 = 7 units	90-104 = 6 units			360-419 = 6 units
106-120 = 8 units	105-119 = 7 units			420-479 = 7 units
	120-134 = 8 units			480-539 = 8 units

* Do not report if units equal zero.

1b. Rounding rules for CPT reporting of 15-minute codes:

Units	Time
0	0-7 minutes
1	8-22 minutes
2	23-37 minutes
3	38-52 minutes
4	53-67 minutes

1. Select the service (see CPT code descriptions).
2. Report a timed service based on face-to-face time on each date of service.
3. The CPT rule states that a unit of time is attained when the mid-point is passed.

If you get an error "Units Exhausted", check the Authorization screen in Sentri. There might be another Authorization with remaining units. You may have to request more units from primary record holder.

Notes on Time of Service fields

- "Time of Service" fields are found in box #24 of the HCFA-1500 form located in Sentri. When adding the "From" & "To" times of service, note the AM/PM. AM is the default, so make sure that you pick the correct time of day.
- These fields are displayed by clicking the **"+"** sign on the left-hand side of the form, next to the blue "Copy" link.
- Time of Service fields may be required depending on the CPT code. **The start/stop time must equal the units. The claim will error out if they don't match.**

Notes on Coordination of Benefit fields

-
- "Coordination of Benefit" line specific fields are found in box #24 of the HCFA-1500 form located in Sentri.
- This COB field is displayed by clicking the **"Attachment"** link on the bottom left hand side of the form.
- The "Coordination of Benefit" info can be uploaded or scanned into each claim line to include the following:
  - **"Allowed Amount"** (REQUIRED field)
  - **"Paid Amount"** (REQUIRED field)
  - **"Paid Date"** (REQUIRED field)
  - **"HIPAA Claim Adjustment Reason Code"** (REQUIRED field)
  - **"Notes"**– this text box can be used by the provider to document/communicate any specific notes regarding the specific claim line.

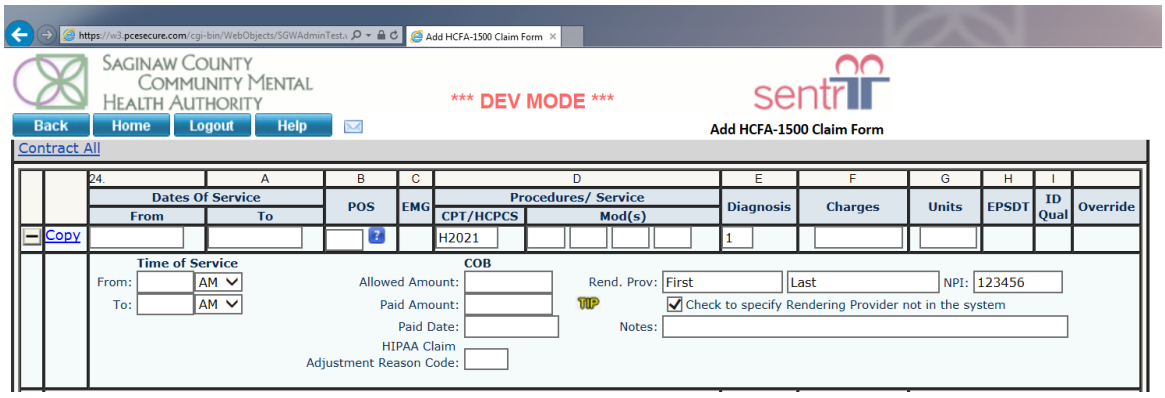
TIP Notes on "Copy" feature

A claim line can be copied by clicking the blue "**Copy**" link on the left hand side of the Sentri HCFA-1500 form. After clicking **"Copy"**, a calendar will appear that will allow you to designate the days of the month where you'd like the current claim line copied.

Notes on NPI (National Provider Identifier) if applicable.

- "**Rendering Provider**" and "**NPI**" line specific fields are found in box #24 of the HCFA-1500 form located in Sentri.
- These fields are displayed by clicking the **"+"** sign on the left hand side of the form, next to the blue "Copy" link.

- Click the box next to: **"Check to specify Rendering Provider not in the system"**
- Then fill in the following fields
- "**Rend. Prov**" – Rendering Provider
- "**NPI**" –National Provider Identifier

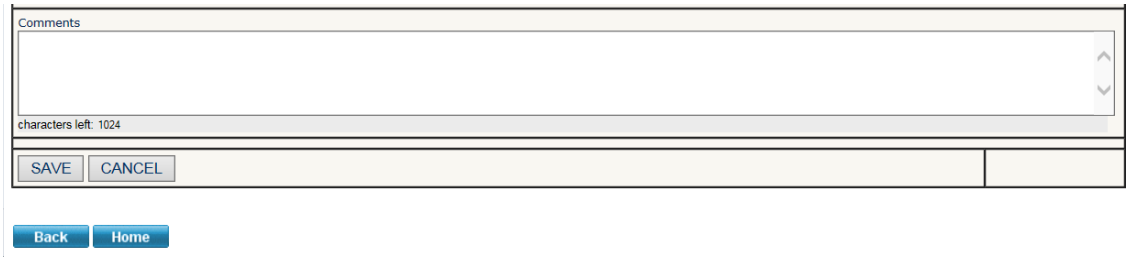


TIP How to add a new Rendering Provider to Sentri
Biller or claims processor to send an email to helpdesk@sccmha.org. Email should state the name of the Billing Provider, the full legal name and NPI # of the new rendering provider you wish to add to Sentri.

E) Enter any notes related to the claim in the "Comment" field at the bottom of the form.

F) When finished adding dates of service and times of service, you must **SAVE** at the bottom of the form and go on to add other claims or proceed to the next step.

G) When the form is complete, click "**Save**" at the bottom of the claim.



Sentri will assign a batch number. Keep track of your batch numbers in some kind of log.

Always remember to SAVE the claim!

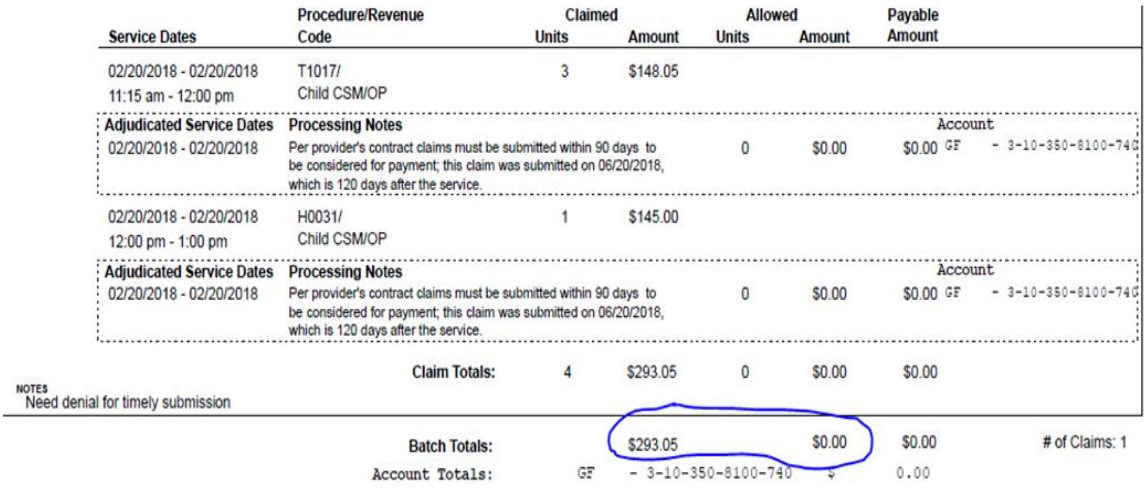
STEP 2

After all claims have been entered, return to the "Claims Management" home page and click **"Step (2) – Review and Send Batch of Entered Claims to CMHSP for Payment"**.

Run and review the Adjudication Report and look for errors. You can review these on the screen. Smaller batches are sometimes more manageable than 100 page claim's batch.

Correct the errors and re-adjudicate the batch. Run and review the Adjudication Report again until all the errors are corrected and you have a "clean claim".

Review the bottom of the batch to check to see if the numbers at the bottom match.



Service Dates	Procedure/Revenue Code	Claimed Units	Claimed Amount	Allowed Units	Allowed Amount	Payable Amount	
02/20/2018 - 02/20/2018 11:15 am - 12:00 pm	T1017/ Child CSM/OP	3	$148.05				
Adjudicated Service Dates	**Processing Notes**						Account
02/20/2018 - 02/20/2018	Per provider's contract claims must be submitted within 90 days to be considered for payment; this claim was submitted on 06/20/2018, which is 120 days after the service.			0	$0.00	$0.00	GF - 3-10-350-8100-740
02/20/2018 - 02/20/2018 12:00 pm - 1:00 pm	H0031/ Child CSM/OP	1	$145.00				
Adjudicated Service Dates	**Processing Notes**						Account
02/20/2018 - 02/20/2018	Per provider's contract claims must be submitted within 90 days to be considered for payment; this claim was submitted on 06/20/2018, which is 120 days after the service.			0	$0.00	$0.00	GF - 3-10-350-8100-740
	Claim Totals:	4	$293.05	0	$0.00	$0.00	

NOTES
Need denial for timely submission

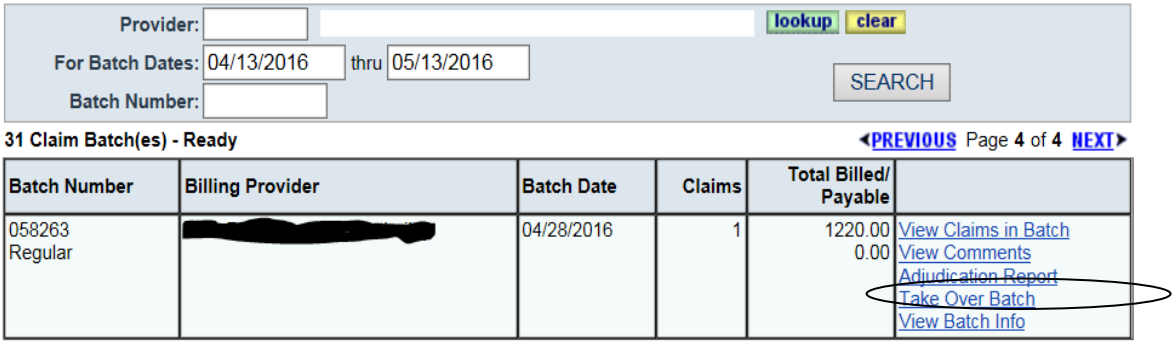
Batch Totals:		$293.05	$0.00	$0.00	# of Claims: 1
Account Totals:	GF - 3-10-350-8100-740			0.00	

In the above sample the Batch Total Claimed Amount is $ 293.05. The amount in the Allowed Amount column is Zero. This means SCCMHA is not paying this line item.

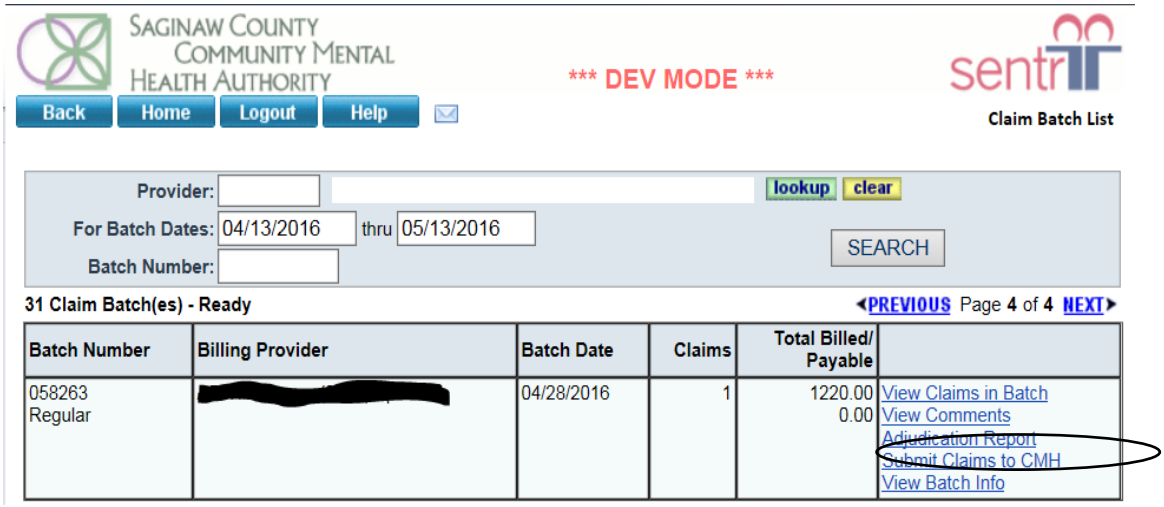
Reference Procedure 09.10.01.01.02 Sentri Claims adjudication Reason Codes

Do not wait until you are missing a payment to reconcile your claims. Reconcile them before you do the next step.

If Claims Processor is assisting the biller, then click the blue link that says, "**Take Over Batch**"



Then click the blue link that says, "**Submit Claims to CMH**"



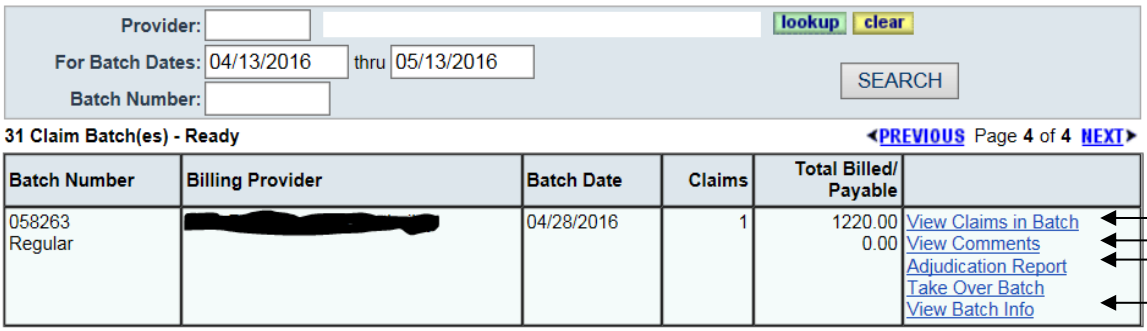
<u>Important: This step is necessary for claims to be sent to SCCMHA for processing. Failure to complete this step will result no claim payment and/or possible claim denial.</u>

When the batch is submitted to SCCMHA it is date stamped by Sentri; or for paper claims date stamped by customer service or claims processor. SCCMHA Claim Processors will review each batch in the order that they are received. They may return a batch to you for correction.

SCCMHA Claim Processors will assist new billers with error messages. **<u>Claim Processors cannot make corrections to your claims</u>**. Claim Processors cannot override error messages. They must obtain approval from Chief of Network Business Operations.

Please review your Sentri messaging timely and make the necessary changes. If you re-submit the claim again without making the changes/corrections, the claim may be denied.

OTHER INFORMATION obtained through the "Step (2)-Review and Send Batch of Entered Claims to CMHSP for Payment" screen



The "Step (2)- Review and Send Batch of Entered Claims to CMHSP for Payment" screen will allow you to access the following links:

a) "<u>View claims in Batch</u>" will allow you to:

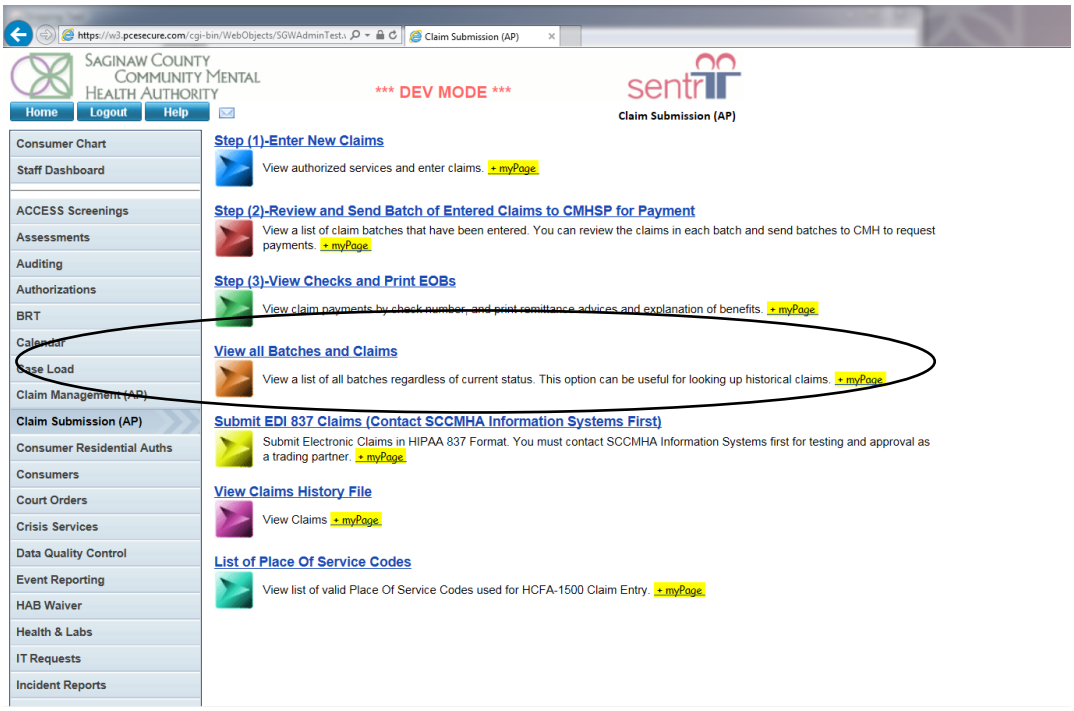
- View a claim
- Change a claim
- Delete a claim

b) "**<u>View Comments</u>**" allows a provider/claims processor to view any comments typed into the comment field located at the bottom of the claim entry form.

c) "**<u>Adjudication Report</u>**" allows you the ability to review the claims entered in the batch through a "*Batch Edit Report"*, click on the "Adjudication Report" link and then click on the icon at the top of the screen to view/print the report.

d) **"<u>View Batch Info</u>"** gives a summary of batch information

OTHER INFORMATION obtained through "Claims Submission" Home Page



a) "**Step (3)- View Checks and print EOBs"** by entering the desired check number and clicking "Search".

b) "**View all Batches and Claims"** allows providers to status their claim batches.

c) "**Submit EDI 837 Claims (Contact SCCMHA information Systems First helpdesk@sccmha.org) for system to system setup and testing**" these electronic setups are used by providers who upload their claims using an electronic 837p or 837i file.

d) "**View Claims History File**" allows provider to view paid claims.

e) "**List of Place of Service Codes**" shows Place of Service reference list.

RECONSIDER A CLAIM

The process of reconsidering a claim zeros out the line item on a claim that is in error. It will process as a credit on the Billing Provider's Account.

If you have errors that need to be corrected after the batch is processed. A request to reconsider a claim must be made in writing via Sentri Message system to the Claim Processer assigned to your account.

Please provide the claim number, the Consumers Name, Sentri ID#, Date of Service, and reason for the request for reconsider and dollar amounts.

The claim will be reconsidered by a SCCMHA Claims Processor. The Claims Processor will notify you when complete. If applicable, you can re-enter the corrected services/claim(s).

SCCMHA Event Verification – Audit results from SCCMHA Provider Network Audit Department.

If errors are found during an audit, you will receive a letter from SCCMHA Audit Department. **Providers are not to submit refund checks.**

The below Claims Processor assigned to your account will Reconsider the Claims to Zero. This will put a credit on your account and will be netted from the next check or EFT. The letter may state that provider can re-bill the claim fixing whatever is wrong. It is important that the claim is zeroed out first. Otherwise you may get a duplicate service error. Contact your Claims Processor to help resolve any re-billing issue.

Finance Department Procedure Manual Saginaw County Community Mental Health Authority		
Subject: UB 04 (CMS-1450) Uniform Billing Form Instructions	**Chapter:** 09.10.01 - Claims	**Subject No:** 09.10.01.01.05
Effective Date: October 1, 2006	**Date of Review/Revision:** 10/1/06, 5/23/07, 7/1/10, 11/10/11, 6/15/12, 6/2/14, 4/27/16, 5/1/17, 6/20/18, 6/14/19, 2/27/20, 1/4/24 **Supersedes:**	**Approved By:** Chief of Network Business Operations **Authored By:** Chief of Network Business Operations **Reviewed By:** Claims Processors

Purpose:
In order to insure accurate and timely payment of claims, the following specific claims related guidelines have been issued.

Application:
SCCMHA Claims Processors
SCCMHA Chief of Network Business Operations
SCCMHA Provider Network and Non-Contract Providers

Policy:
None

Standards:
None

Definitions:
None

References:
SCCMHA Cash Management Policy- Subject No. 05.02.03
SCCMHA Financial Liability for Mental Health Services Policy- Subject No. 05.02.06

Exhibits:
Exhibit A - Example of UB 04 (CMS 1450) Claim Form

Procedure:

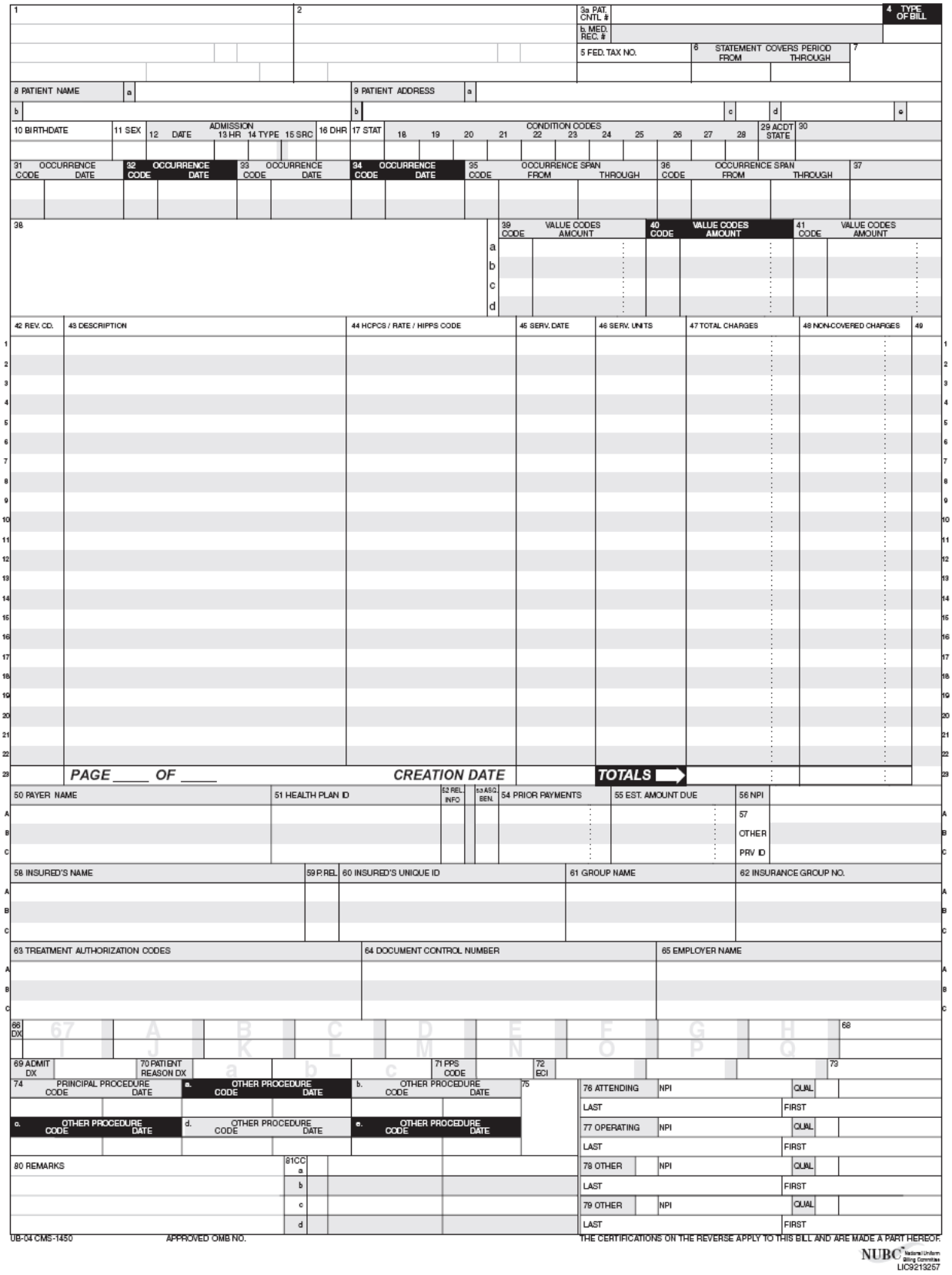
ACTION	RESPONSIBILITY
1. Enter claims for submission to SCCMHA Sentri or Fill out UB04 Paper Claim for SCCMHA	Network Services Provider
2. If submitting electronically, Provider to Run and Review the Adjudication Report in Step #2 on Sentri	Network Services Provider
3. If submitting electronically, Provider is to correct any errors prior to final submission of Claims to SCCMHA	Network Service Provider
4. Provider to Submit Clean Claims to SCCMHA via either US mail system or electronically	Network Services Provider
5. SCCMHA will Adjudicate Claims	Claims Processors
6. SCCMHA Claims Processors will Assist Providers with Resolving Errors. It is the Providers Responsibility to submit Clean Claims	Claims Processors
7. SCCMHA Claims Processors will return or deny Batches if Claims are not Clean	Claims Processors
8. Print and Analyze Adjudication Reports	Claims Processors

UB 04 or CMS -1450

- Box 1 Provider Name
  Provider Street Address
  Provider City, State, Zip
- Box 2 Pay-to Name
  Pay-to Address
  Pay-to City, State, Zip
- Box 3a Patient Control Number
- Box 3b Medical Record Number
- Box 4 Type of Bill
- Box 5 Federal Tax Number
- Box 6 Statement Covers Period-From/Through
- Box 7 Unlabeled
- Box 8 Patient Name-ID
- Box 9 Patient Address-Street
  Patient Address-City
  Patient Address-State
  Patient Address-Zip
  Patient Address-County Code
- Box 10 Patient Birth date
- Box 11 Patient Sex
- Box 12 Admission Date
- Box 13 Admission Hour
- Box 14 Type of Admission/Visit
- Box 15 Source of Admission
- Box 16 Discharge Hour
- Box 17 Patient Discharge Status
- Box 18-28 Condition Codes
- Box 29 Accident Status
- Box 30 Unlabeled
- Box 31-34 Occurrence Code Date
- Box 35-36 Occurrence Span Code
  From/Through
- Box 37 Unlabeled
- Box 38 Responsible Payor Party Name/Address
- Box 39-41 Value Code-Code
  Value Code-Amount
- Box 42 Revenue Code
- Box 43 Revenue Code Description
- Box 44 HCPCS/Rate/HIPPS/Rate Codes
- Box 45 Service/Creation Date
- Box 46 Units of Service
- Box 47 Total Charges
- Box 48 Non-Covered Charges

- Box 49 Unlabeled
- Box 50 Payer Name-Primary
  Payer Name-Secondary
  Payer Name-Tertiary
- Box 51 Health Plan-ID
- Box 52 Release of Information
- Box 53 Assignment of Benefits
- Box 54 Prior Payments
- Box 55 Estimated Amount Due
- Box 56 National Provider Identifier (NPI)
- Box 57 Other Provider ID-Primary, Secondary, Tertiary
- Box 58 Insured's Name-Primary, Secondary, Tertiary
- Box 59 Patient's Relationship-Primary, Secondary, Tertiary
- Box 60 Insured's Unique ID-Primary
- Box 61 Insurance Group Name-Primary, Secondary, Tertiary
- Box 62 Insurance Group Number-Primary, Secondary, Tertiary
- Box 63 Treatment Authorization Code-Primary, Secondary, Tertiary
- Box 64 Document Control Number
- Box 65 Employer Name-Primary, Secondary, Tertiary
- Box 66 Diagnosis Version Qualifier
- Box 67 Principal Diagnosis
- Box 67 AQ Other Diagnosis
- Box 68 Unlabeled
- Box 69 Admitting Diagnosis Code
- Box 70 Patient Reason for Visit
- Box 71 PPS Code
- Box 72 External Cause of Injury Code (E-code)
- Box 73 Unlabeled
- Box 74 Principal Procedure Code/Date
- Box 74 AE Other Procedure Code
- Box 75 Unlabeled
- Box 76 Attending-NPI/Qual/ID
  Attending-Last/First Name
- Box 77 Operating-NPI/Qual/ID
  Operating-Last/First Name
- Box 78-79 Other ID-NPI/Qual/ID
  Other ID-Last/First Name
- Box 80 Remarks
- Box 81 Code-Qual/Code/Value

Exhibit A


1
2
3a PAT. CNTL #
b MED. REC. #
4 TYPE OF BILL
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH
7
8 PATIENT NAME
9 PATIENT ADDRESS
10 BIRTHDATE
11 SEX
12 ADMISSION DATE
13 HR
14 TYPE
15 SRC
16 DHR
17 STAT
CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28
29 ACDT STATE
30
31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37
38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
a
b
c
d
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATE / HIPPS CODE
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
PAGE ____ OF ____
CREATION DATE
TOTALS
50 PAYER NAME
51 HEALTH PLAN ID
52 REL INFO
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER PRV ID
58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME
66 DX
67
A B C D E F G H I J K L M N O P Q
68
69 ADMIT DX
70 PATIENT REASON DX
a b c
71 PPS CODE
72 ECI
73
74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
a. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
76 ATTENDING NPI QUAL
LAST FIRST
77 OPERATING NPI QUAL
LAST FIRST
80 REMARKS
81CC
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST
UB-04 CMS-1450
APPROVED OMB NO.
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.
NUBC National Uniform Billing Committee
LIC9213257

Tab 8

Network Services

<table>
<tr><th colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Competency Requirements for the SCCMHA Provider Network</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.06.03</td></tr>
<tr><td rowspan="2">Effective Date:
1/1/03</td><td>Date of Review/Revision:
9/19/03, 8/11/05, 5/3/06, 8/15/06, 1/07, 6/29/07, 7/30/07, 1/10/08, 6/25/09, 6/22/11, 6/20/12, 6/5/14, 5/2/16, 8/12/16, 6/1/17, 6/1/18, 3/19/18, 6/11/19, 6/1/20, 6/21/21, 7/23/21, 10/25/21, 10/11/22, 6/28/23, 9/28/23</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO

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

Authored By:
Jennifer Keilitz

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

Purpose:

The purpose of this policy is to:

- Ensure services are provided to consumers by individuals with appropriate, minimum levels of competency
- Specify network requirements for pre-employment screening to ensure the safety and well-being of individuals served
- Specify the qualifications and continuing education requirements for employees or contractors providing service to consumers to ensure competency
- Specify the credentialing and scope and requirements for service provider staff and contractors
- Outline the peer review process that provides guidelines for consistent network oversight of service providers and clinicians so that proper treatment and care of individuals occurs.
- Prevent or limit personal risk for consumers receiving service from Saginaw County Community Mental Health Authority (SCCMHA) programs and providers
- Minimize SCCMHA's clinical risk exposure and prevent related incidents

Policy:

It is the policy of SCCMHA that all persons providing care, treatment and support for individuals with disabilities served by the SCCMHA provider network will be properly credentialed, screened, orientated, trained, supervised, evaluated and disciplined as appropriate.

It is the policy of SCCMHA that staff members and service provider organizations must meet minimum standards for background checks and appropriate continuing education requirements.

It is the policy of SCCMHA that provider network members will have policies and/or procedures that ensure an acceptable code of conduct as well as skill, ability and competency of individuals involved in the care, treatment, and supervision of consumers.

NOTE: It is the policy of SCCMHA that initial and ongoing steps will be taken, as outlined in this policy, to ensure that across the SCCMHA network, all staff, including physicians, other licensed health professionals and direct care staff, are sufficiently qualified to perform their jobs. Steps will occur throughout pre-employment, initial employment and ongoing employment (or contract) periods, including but not limited to whenever staff job duties or performance levels change. Individuals engaged in the provision of services through Evidence-Based Practices as endorsed by SCCMHA will be individually privileged in those specific practices.

Application:

This policy applies to all provider network members and persons providing direct or indirect service to consumers and their families. While SCCMHA does not direct the personnel practices of contracting providers, the human resource policies of contractors must meet or exceed the requirements of this policy. Further detail may be located for employees in the human resource policies and procedures of SCCMHA.

It is expected that contractors will have written procedures, subject to audit by SCCMHA, that are directly applicable to these requirements, and that such will be summarized in each contractor's current provider application on file with SCCMHA.

The SCCMHA standards pertaining to competency are grouped into the three sections: pre-employment (qualifications and screening), employment (continuing education and supervision), and specific credential requirements (clinicians and credentialing).

For consumers receiving services in bordering states, credentialing and recredentialing processes will ensure that network providers residing and providing services meet all applicable licensing and certification requirements within their state.

Standards:

A. Qualifications and Screening

1. Network organizations shall actively advertise and recruit for positions in venues likely to produce the desired qualifications and competencies of applicants.
2. SCCMHA and other network provider organizations are encouraged to engage higher education institutions in the recruitment of employees, students and volunteers.
3. Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required.

4. Each employer, including SCCMHA, will request a signed application or agreement from position candidates providing a complete work history and verifying that the individual's application information is valid and truthful.
5. SCCMHA shall not discriminate against any practitioner solely on the basis of license, registration or certification; or specialization in the treatment of high-risk populations or conditions that require costly treatment.
6. SCCMHA and contractor provider employers will provide job candidates or those subject to re-credentialing with the option of stating reasons for any inability to perform essential job functions of the position, with or without accommodations.
7. Applicants will provide sufficient references who will be contacted **directly by the employing provider organization** to verify personal character, work experience and vocational related abilities.
8. Each employer, including SCCMHA, will conduct criminal background checks and perform other legally permissible and required, and applicant-consented, criminal record inquiries as part of the pre-employment consideration process prior to hire along with Michigan Public Sex Offender Registry at Home-Michigan Sex Offender Registry (mspsor.com) and National Sex Offender Registry located at United States Department of Justice National Sex Offender Public Website (nsopw.gov) .
    a. Any criminal record will be evaluated by the potential employer to assure consumers are not placed in situations of risk due to the personal or moral character of the service providing individual.
    b. In all cases, SCCMHA and other providers will not hire or maintain employment of individuals who do not satisfactorily pass the minimum standards for background checks in accordance with sections 1128(a) and 1128(b)(1), (2) or (3) of the Social Security Act.
    c. SCCMHA recommends and supports provider standards whenever appropriate beyond the legal minimum to assist in assuring consumer safety and service risk reduction.
    d. Effective October 1, 2015, re-checks of CBC must be conducted every two years for all individuals who have roles of providing direct services for consumers.
    e. **Residential Providers** who are required to complete fingerprinting as part of their licensing requirements do not need to complete background checks every two years as the fingerprinting has a "rapback" process that will notify providers of any concerns noted for employees working for them.
9. All staff working with Children are required to have a Michigan Department of Health and Human Services (MDHHS) central registry check prior to hire.
10. Letters or offers of hire will be contingent upon successful pre-employment verifications.
11. Each employer, including SCCMHA, will verify any recipient rights history of the job candidate.

a. This verification shall include a check with the recipient rights office of any county the potential employee may have worked prior to hire by employer.
b. A history of substantiated rights violations or themes of allegations not substantiated that raise cautions about client safety and well-being for any employment candidates are expected to be considered a significant barrier for employment.

12. All roles providing service to consumers will be described in job descriptions of SCCMHA or the contracting network provider.
    a. Individual contractors will have role descriptions included in the scope of work section of contract agreements.
13. Candidates for positions or contracts will be qualified against requirements and duties contained in job descriptions or scope of contract work for individual practitioners.
14. Network organizations are encouraged to continue to develop and refine methods of screening candidates that will assist to improve the assurance of the ethical, good moral character of individuals hired in service provision roles.
15. SCCMHA and contracting organizations will initially and on an ongoing monthly basis, be checking for debarment, suspension or excluded status of Medicare or Medicaid participation of any employee, workforce member/staff, director, or officer associated with SCCMHA, including contractors; such status is prohibited for SCCMHA by federal requirements.
    a. SCCMHA shall review each organization's credentialing policies and procedures as part of its provider auditing function.
    b. SCCMHA shall review each organization's personnel files as part of its provider auditing function to assure compliance with credentialing and re-credentialing standards.
    c. All providers receiving funding from SCCMHA, including residential, community living supports and respite, must minimally complete monthly sanction checks for List of Excluded Individuals and Entities (LEIE) Search the Exclusions Database | Office of Inspector General (hhs.gov), System Award Management (SAM) database SAM.gov and the State of Michigan Sanction list MDHHS - List of Sanctioned Providers (michigan.gov).
16. Direct or primary source verification is required for all positions with a Bachelor's degree or above; for high school or GED required positions, SCCMHA recommends that the employer obtain some written proof of academic achievement.
    a. Primary source verification for positions that require a license, state certification or state registration to practice independently shall be conducted in accordance with MDHHS policy (Reference C) and as delineated in Standard C below.
17. SCCMHA and other network provider employers will adhere to their specific policies regarding a drug free workplace, including pre-

employment declaration, as well as standards of work conduct regarding being under the influence of illegal drugs or alcohol.

18. **All applicable providers must obtain, actively maintain, and provide to SCCMHA, all necessary staff and organizational NPI (National Provider Identifier) numbers for all rendering of services, as well as proper state enrollment in Medicaid, through the Community Health Automated Medicaid Processing System (CHAMPS), in order for SCCMHA to pay claims. (Claims are submitted at the provider's actual cost amount and paid according to contract terms and rates.)**

Background Checks in Licensed Residential Settings

The State of Michigan, specifically through Michigan Public Act 218 of 1979, and further through Public Acts 28 and 29 of 2006, requires that licensed residential providers and others 'who provide direct service or have direct access' to residents conduct background checks on staff members. Effective April 1, 2006, all new hires - and existing employees (or contractors if applicable) as soon as the system allows - must pass an automated system background check that includes fingerprinting, consent for the background check, and letters of hire contingent upon successful completion of the check. There are penalties for non-compliance with this state requirement.

B. Continuing Education and Supervision

1. Except for licensed independent practitioners who are directly under contract with SCCMHA or subcontract with an SCCMHA contracted service provider, there will be a designated clinical or services supervisor for each person in a treatment, service or care giving role.
2. Clinical and direct care staff will receive adequate orientation and specific service plan education prior to working independently with consumers.
3. Supervisors will conduct monitoring of staff performance, with close monitoring to occur during initial employment or at any time when a performance improvement in indicated.
4. Supervisors are responsible to oversee proper orientation and ongoing performance of individuals.
5. Routine performance evaluations will be conducted and documented by supervisors for persons serving consumers, on an annual basis at minimum.
    a. Documentation should be more frequent whenever indicated or appropriate to address any performance problems.
6. Supervisors are responsible to monitor consumer care provision by staff and to intervene whenever there is cause for concern about the safety or welfare of consumers.
7. Staff development is considered a continuous process.
    a. Any areas requiring correction must be specified in an individual's written performance evaluation and improvement plan.
    b. Staff should be given verbal and written supervisory feedback at any time whenever appropriate, including individually as well as through staff meetings or in-services.

8. Supervisors are expected to respond promptly, assertively, thoroughly, and progressively to performance issues of personnel.
9. SCCMHA will provide continuing education through an established schedule published for network members.
    a. SCCMHA sponsored programs will assist providers in meeting minimum requirements by program type and will offer continuing education credits whenever possible.
    b. SCCMHA will also share external opportunity information with providers as appropriate.
10. Providers are responsible to meet minimum continuing education expectations of SCCMHA and any personnel competency requirements for specific program licensure and/or accreditation.
11. Any staff that is not fully licensed or does not have the appropriate credentials to provide services in accordance with Michigan Medicaid Manual or other licensing body will be required as part of their credentialing process to document who will provide supervision of the staff person until full licensure or credentialing is obtained. Until such credentials or full licensure is obtained an appropriately credentialed or licensed individual will oversee and co-sign documents.
12. Whenever a staff member is alleged of suspected physical or sexual abuse of a consumer, SCCMHA will request that the individual be immediately removed from consumer contact, according to the provider's procedures, pending an Office of Recipient Rights investigation.
    a. The SCCMHA Office of Recipient Rights will provide verbal clearance as soon as possible for the person to return to consumer duties if the claim is found to be unsubstantiated.
13. Supervisors are expected to review and appropriately and promptly address any negative patterns of performance non-compliance for individuals or sites, such as through the review of incident reports or employee disciplines.
14. Provider programs must ensure a review of any critical incidents or sentinel events according to their respective policies;
    a. SCCMHA reserves the right to request provider summary information of such reviews.
15. Providers are responsible to ensure minimum levels of staffing to meet consumer needs and SCCMHA requirements, such as in adult foster care licensed settings.
    a. Staffing levels should always be commensurate with the person-centered plan(s) and services being provided or purchased by SCCMHA.
16. Paraprofessional staff that provide independent direct services for consumers, such as home-based assistants or peer support specialists, must have counter signatures from professional staff members on service documentation.
17. Independent contractors who provide service associated with direct operated programs will be assessed annually, as appropriate, to meet accreditation or other requirements.

a. Such assessment will include SCCMHA policy compliance as well as any other relevant standards.

C. Credentialing and Re-credentialing of Professional Staff

1. Credentialing shall include the direct or primary source verification of licensure and/or education.
   a. Primary source verification of credentials shall include:
      1). Licensure or certification within 365 days of signature
      2). Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training within 180 days of credentialing decision.
      3). Documentation or graduation from an accredited school
      4). National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified within 180 days of credentialing decision:
         a. Minimum five-year history of professional liability claims resulting in a judgment or settlement.
         b. Disciplinary status with regulatory board or agency
         c. Medicare/Medicaid sanctions

   NOTE: Physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements
2. Re-credentialing shall be conducted on each provider every two years at a minimum and include the following:
   a. Updated information obtained since initial credentialing was conducted
   b. Sanctions, complaints, and quality issues and interventions if appropriate, pertaining to the provider including:
      1). Any loss of licensure since last credentialing cycle.
      2). Medicare/Medicaid sanctions
      3). State sanctions or limitations on licensure, registration or certification
      4). Consumer concerns which include grievances (complaints) and appeals information
      5). SCCMHA quality /auditing issues
3. Licensure checks will be completed every year (two years as part of the re-credentialing process and the non recredentialing year) to assure no sanctions have been noted by Licensing and Regulatory Affairs (LARA) and to assure the license is still active.
4. Credentialing and re-credentialing shall be conducted and documented for the following health care professionals:
   a. Physicians (M.D.s and D.O.s)
   b. Physician's Assistants
   c. Psychologists (Licensed, Limited License, and Temporary License)

d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
e. Licensed Professional Counselors
f. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
g. Occupational Therapists and Occupational Therapist Assistants
h. Physical Therapists and Physical Therapist Assistants
i. Speech Pathologists
j. Any other independent behavioral health professional under contract with or employed by SCCMHA

5. In the SCCMHA network, individuals with an LP (Licensed Psychologist), LLP (Limited Licensed Psychologist), or MSW (Master of Social Work) and LMSW (Licensed Master's Social Worker) or LPC/LLPC (Licensed Professional Counselor or Limited Licensed Professional Counselor) only may provide the services of therapy or counseling, unless otherwise specified in writing by SCCMHA.
   a. Persons without proper licensure may not provide therapy, and those without completion of full licensure in these professions may provide therapy only temporarily, and only under the direct, documented supervision of an appropriately licensed professional upon written agreement of SCCMHA.
   b. Board certified or eligible psychiatrists may also provide therapy.
   c. Students can offer services under the NPI of their supervisor.
6. Some positions may require by funding a CMHP (Child Mental Health Professional), QBHP (Qualified Behavioral Health Professional), QIDP (Qualified Intellectual Disability Professional, or QMHP (Qualified Mental Health Professional) and/or SATP (Substance Abuse Treatment Practitioner) or SATS (Substance Abuse Treatment Specialist), or other requirements of MDHHS and/or SCCMHA, and such will be noted in the job description when applicable.
7. Case Managers must have a Bachelor's Degree and/or meet the current state Medicaid requirements for academic backgrounds, and obtain the appropriate social work licensure at the level allowed by academic background.
8. Individuals with credentials required by job description must maintain such status without any lapse.
   a. If credential status does change, the employee must notify the supervisor immediately and contractors must notify the SCCMHA contract manager immediately.
   b. All employers, including SCCMHA, will employ consistent organizational procedures to follow when direct service personnel are found to be without the required license to perform job duties.
9. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.

a. SCCMHA will deny any claims and will not record and/or correct data on any reported applicable services found to have been provided by an insufficiently credentialed individual.

10. SCCMHA reserves the right to verify proof of credentials, reference checks, criminal background checks, OIG (Office of Inspector General) checks or other human resource documents as referenced in this policy or the related human resource policies of the network organization where applicable through the SCCMHA audit process, including for any subcontracted personnel and through direct verification methods.
11. Re-credentialing will occur annually for contracting providers, psychiatrists and SCCMHA professional employees.
12. SCCMHA will ensure that credentialing and re-credentialing processes will not discriminate against a health care professional solely on the basis of license or certification, and SCCMHA will further ensure nondiscrimination for any health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
13. Whenever SCCMHA or a contractor of SCCMHA delegates to another entity any of the responsibilities of credentialing or re-credentialing or selection of providers, SCCMHA will retain the right to approve the credentialing decision or to require discontinuance of services by the provider or individual who could not meet SCCMHA credentialing standards.
    a. Contractors will meet all requirements associated with the delegation of PIHP functions by SCCMHA.
    b. SCCMHA is responsible for oversight regarding delegated credentialing or re-credentialing decisions.

D. <u>Peer Review Process</u>

1. The SCCMHA Credentialing Committee shall provide oversight of the credentialing and re-credentialing process including:
    a. Development and update of credentialing criteria as needed, consistent with federal, State and SCCMHA requirements as well as applicable professional standards.
    b. Review and final decision-making for appeals of adverse credentialing decisions
    c. Ensuring adherence to timely appeal standards for adverse credentialing decisions.
    d. Development and monitoring of adherence to established timelines for the credentialing process.
    e. Determining, as needed, the utilization of participating providers to ensure all relevant information is incorporated in credentialing/re-credentialing decisions,
    f. Ensuing contracted providers implement and adhere to the credentialing, and re-credentialing process, including approval, suspension, or termination contracted providers.

g. Granting temporary or provisional credentials based upon a specific community/consumer need.

2. The Credentialing Committee is chaired by the SCCMHA Medical Director. The Credentialing Committee Chair is responsible for ensuring that thoughtful consideration is given to all applications presented to the Committee. As the chairperson, the SCCMHA Medical Director reviews and approves all independent practitioner files that have been deemed "clean".
3. The SCCMHA Credentialing Committee membership is comprised of members of the SCCMHA Leadership Team including the Director of Network Services, Public Policy & Continuing Education, Director of Human Resources as well as the SCCMHA Compliance Officer, and Supervisor of Provider Network Auditing. Consultants to the committee include: the Director of Care Management & Quality Systems, Executive Director of Clinical Services, and Director of Contracts & Procurement. The Committee also includes two (2) participating network practitioners who have no other role in SCCMHA's management activities. The participating network practitioners must be reflective of the practitioners with whom SCCMHA directly contracts or employs. SCCMHA aims to capture a variety of perspectives and experience.
4. The Committee reviews any recommendation to suspend or terminate participation in the SCCMHA Provider Network based on adverse events or ongoing significant concerns. Examples of adverse events/concerns that may lead to a recommendation for suspension or termination include but are not limited to:
    a. Immediate consumer safety concerns
    b. Substantiated recipient rights violations
    c. Unresolved quality/compliance concerns
    d. Inability to effectively and appropriately staff cases
    e. Failure to meet minimum quality standards as defined by the provider's SCCMHA contract
    f. Medicaid/Medicare sanctions
    g. Limitations or sanctions on state licensure, certification, or registration
5. Following each review, providers are notified of the Credentialing Committee's decision within sixty (60) calendar days of the Committee's meeting date in writing. Notifications are sent for both initial and recredentialing reviews and specify the duration of the credentialing period. Providers that fail to meet standards for credentialing or recredentialing are provided with information related to the factors for which they were found to be deficient. When possible, information regarding steps needed to remedy deficiencies will be provided in the notification letter. The letter will also contain a summary of the appeal rights and process to appeal negative decisions.

E. <u>Provider Appeal Process</u>

1. Providers have thirty (30) calendar days from the date of a negative decision to register an appeal. Appeals must be made by submitting the request, in writing, to the Chair of the SCCMHA Credentialing Committee. Providers who wish to request a hearing as part of the appeal process must include this request in the appeal letter. Appeals may be made regarding the denial of empaneling a prospective provider in the SCCMHA Provider Network or the termination of an existing provider or program from the network. Providers cannot appeal the length of an approved credentialing status. Appeals must include resolution of any deficiencies identified during the credentialing/recredentialing process, as well as any relevant information related to the request for reconsideration of the credentialing/recredentialing decision.
2. Appeals will be reviewed by the SCCMHA CEO and a panel comprised of members of senior leadership as well as an independent consultant, none of whom are standing members of the SCCMHA Credentialing Committee. These individuals will have the requisite experience and/or training related to the practitioner or agency under consideration. The decision of the appeals panel is considered final and will be provided via written notification.
3. All appeal decisions shall be made within fourteen (14) business days and shall be communicated to the provider within three (3) business days of the decision. Existing network providers should reference their SCCMHA contract or SCCMHA staff personnel policies for additional remedies.

Definitions:

Good Moral Character is defined by Michigan statute (Act 381 of 1974, Section 338.41) as "the propensity on the part of the person to serve the public in the licensed area in a fair, honest and open manner."

Competency: Possessing the requisite or adequate abilities or qualities and as well as the capacity to appropriately function and respond in the provision of direct care, treatment or any covered services to individuals served by the SCCMHA system.

Credentialing: The process of receiving and verifying evidence that basic requirements are met.

Direct or Primary Source Verification: The verification of educational credentials with the educational institution attended and/or verification of licensure or certification with the state department from which it is issued by the employer or contracting organization.

References:

Internal

A. SCCMHA Human Resource Policies
B. SCCMHA Training Calendar (monthly)
C. SCCMHA Training Protocols (most current version)
D. SCCMHA Training Protocols Manual
E. SCCMHA Provider Credentialing Handbook located on SCCMHA Website

F. SCCMHA Policy 05.07.04 – Network Service Provider Appeals & Dispute Resolution
G. SCCMHA Procedure 09.04.05.02 – Privileging of Practitioners in Evidence-Based Practices
H. SCCMHA Minimum Training Requirements Grid – Staff Intranet: Training Requirements | SCCMHA

External

A. MSHN Regional Training Grid : Provider Trainings - Mid-State Health Network (midstatehealthnetwork.org)
B. MDHHS Contract & Regional PIHP (MSHN)/CMHSP Contract
C. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration Credentialing and Re-Credentialing Processes: https://www.michigan.gov/documents/mdhhs/Credentialing_and_Recredentialing_Process_P-7-1-1_638453_7.pdf
D. Michigan Medicaid Provider Manual: MedicaidProviderManual.pdf (state.mi.us)
E. MDHHS PIHP/CMHSP Provider Qualifications Per Medicaid Services & Codes (most current version)
F. CMS (Centers for Medicaid and Medicare Services) Office of Inspector General (OIG): Special Advisory Bulletin (hhs.gov)
G. Michigan Department of Health and Human Services (MDHHS) list of sanctioned providers MDHHS - List of Sanctioned Providers (michigan.gov)

Exhibits:

A. SCCMHA Provider Manual Licensure, Registration, Certification & Accreditation Table
B. SCCMHA Mission Statement, Vision Statement; Core Values and Operating Principles
C. SCCMHA Authorization to Disclose Employee Information and Release of Liability

Procedure:

ACTION	RESPONSIBILITY
Verify references, credentials, criminal background checks and any related pre-employment or pre-contracting screening according to designated policies and procedures. Maintain on file proofs of pre-employment verifications as well as credentials and licensure and training. Conduct initial employment orientation.	All SCCMHA Network Members and SCCMHA Human Resources Director or designee, SCCMHA Director of Contracts & Procurement
Actively participate in required orientation and training; seek to improve competencies through additional training	SCCMHA Network service delivery personnel and contractors

appropriate to role and types of consumers served. Maintain minimum levels of training and/or credentials by job description. Immediately notify SCCMHA of any change in required credentials status. Suspend all claims submission and billing activity for staff who fail to maintain proper credentials, including any needed retroactive corrections.	
Ensure initial orientation and ongoing coaching and training to assigned personnel; actively monitor and supervise competencies and provide ongoing feedback and intervene as appropriate. Document performance and related goals. Take appropriate action according to applicable human resource/personnel policies when performance indicates.	Supervisors of direct service individuals
Oversees and co-signs any work performed by those staff working toward appropriate credential or licensure.	SCCMHA Human Resources Director, and All SCCMHA Network Providers
Monitors clinical programs for employee compliance.	SCCMHA Human Resources Director, and All SCCMHA Network Providers
Provide training resource and schedule information. Monitor contractor performance with training and other policy requirements. Report system cumulative compliance data through network audit report score summaries. Restrict claims or bills for persons not properly credentialed and issue sanctions as appropriate. Offer reciprocity for providers when indicated or requested.	SCCMHA Director of Network Services, Public Policy & Continuing Education, SCCMHA Director of Contracts & Procurement, SCCMHA Continuing Education Supervisor, and SCCMHA Network Audit staff
Reviews system performance against competency requirements.	SCCMHA Credentialing Committee

Recommends policy changes; review and recommend training priorities. Recommends disciplinary action to be taken by supervisors for non-credentialed staff in SCCMHA direct operated programs.	SCCMHA Credentialing Committee
Reviews Credentialing and Recredentialing of all Clinical staff to assure proper credentials are maintained and person is credentialed for services provided to SCCMHA Consumers.	
Receives and reviews any Credentialing appeals and provides feedback to the appellate.	SCCMHA Credentialing Committee

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Provider Manual Table of Requirements
for
Licensure, Registration, Certification and Accreditation

PROVIDER shall submit copies of the required licensure, registration, certification and/or accreditation to Saginaw County Community Mental Health Authority in accordance with the time periods and terms specified in their Provider Participation Agreement. PROVIDER shall also display such documents prominently on premises or service site.

Provider Type	Requirement	Issuing Agency
Licensed Independent Practitioner	License, Certification or Registration to Practice in Michigan	Michigan Department of Community Health, Bureau of Health Professionals
Inpatient Psychiatric Unit	License for Acute Care Beds for Adult or Adolescent and /or License for Partial Hospitalization	Michigan Department of Consumer and Industry Services, Bureau of Health Systems
Crisis Residential Treatment	Certification for Crisis Residential	Michigan Department of Community Health, Bureau of Health Systems
	Certification for Specialized Residential	Michigan Department of Human Services, Office of Child and Adult Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult Licensing
Specialized Residential	Certification for Specialized Residential	Michigan Department of Human Services, Office of Child and Adult Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult Licensing
Outpatient Services Clinic or Agency Providers: including Assertive Community Treatment, Case Management, Supports Coordination, Clinic Services and Vocational Rehabilitation	Accreditation by one of the following:	a) Joint Commission on Accreditation of Health Care Organizations b) Council on Accreditation of Rehabilitation Facilities c) Council on Accreditation d) Certification by Michigan Department of Community Health
Enhanced Treatment and Support Services: Assertive Community Treatment, Home based Services, Case Management, Crisis Residential, Crisis Stabilization, Clubhouse	Certification and/or Enrollment	Michigan Department of Community Health, Division of Quality Management and Service Innovations

Exhibit B

Saginaw County Community Mental Health Authority

Core Values and Operating Principles

Consumer Potential

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

Excellence

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

Accountability

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

Respect

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

Racial and Cultural Competency

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

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

Integrity

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

Public Stewardship

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

Collaboration

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

Customer Service Philosophy

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

Effective Communication

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

Saginaw County Community Mental Health Authority

Mission Statement

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

Vision Statement

A belief in potential

A right to dream

An opportunity to achieve

Exhibit C

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY

Recipient Rights Complaints Appeals

PROVIDER INFORMATION:

Provider Name:	***Phone:***	***Fax:***
Address:		
City:	***State:***	***Zip Code:***

I, _____, authorize the Saginaw County Community Mental Health Authority
(PRINT FULL NAME)
to disclose to the PROVIDER listed above any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

Please check the appropriate box below

☐ I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties and give my permission for you to check with their county's Office of Recipient Rights: _____.

☐ I have not worked in the Mental Health field prior to my application for employment.

I, _____, release the Saginaw County Community Mental Health Authority
(PRINT FULL NAME)
and any other Community Mental Health Agencies I have listed on this form, its officers, agents, and employees from any and all liability, claims, suits and actions of any nature brought against them for disclosing the information requested by myself and the provider and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

_____ _____ _____
Applicant's Signature *Date* *Applicant's Maiden Name (If Applicable)*

_____ _____ _____
Witness Signature *Date* *Applicant's Social Security Number*

_____
Applicant's Home Address: Street and Number City State Zip Code

RIGHTS OFFICE USE ONLY

A) The above applicant has the following Recipient Rights history:
Violation(s) of Abuse or Neglect according to:
SCCMHA ☐YES ☐NO; **Name of County**: _____ ☐YES ☐NO;
Name of County: _____ ☐YES ☐NO;
Name of County: _____ ☐YES ☐NO

B) The above applicant has the following Recipient Rights history:
Violation(s) of other Recipient Rights violations according to:
SCCMHA ☐YES ☐NO; **Name of County**: _____ ☐YES ☐NO;
Name of County: _____ ☐YES ☐NO;
Name of County: _____ ☐YES ☐NO

By: _____ **Date:** _____
SCCMHA Recipient Rights Advisor or Officer

Information from other counties was received from: **County & ORR Staff**: _____;
County & ORR Staff: _____; **County & ORR Staff**: _____;
Additional Forms may be used if there is a need to list more counties

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION 1-14

<table>
<tr><td colspan="3">Network Services Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Tracking and Credentialing for Student Interns</td><td>Chapter: Network Services</td><td>Subject No: 09.04.05.07</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:
10/24/2023</td><td>Date of Review/Revision:</td><td rowspan="2">Approved By:
Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education

Authored By:
Melynda Schaefer and Cassandra Ward

Reviewed By:</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

Purpose:
To ensure all Students Interns can complete services and bill according to Medicaid guidelines. Students Interns must be tracked in Sentri II to ensure the appropriate supervisor NPI is used for billing purposes. Additionally, to ensure once a student internship is completed, the "Use Supervisor NPI" box is unchecked in Senti.

Policy:
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that all persons providing care and treatment for individuals with disabilities served by the SCCMHA provider network, including DCO's will be properly credentialed. It is further the policy of SCCMHA that all documents including electronically generated documents include staff signatures and staff credentials as part of the electronic signature. Student Interns will be utilized in an effort to grow the workforce and to provide mental health services to consumers of SCCMHA services.

Application:
This procedure applies to all service delivery programs, both board operated (SCCMHA) and contracted network providers including Designated Collaborating Organizations (DCO's), and to any staff members who provide services that are recorded in the consumer electronic medical record and need to be signed electronically. This also applies to any services that are billed by SCCMHA to other funding sources where signatures and credentials are required.

Standards:
None

Definitions:
Sentri II: SCCMHA's electronic health record for all consumer files served by SCCMHA board operated and Contracted Network Providers.
DCO: Designated Collaborating Organization- a formal relationship with a provider to provide services for a Certified Community Behavioral Health Clinic (CCBHC) care.
Student Intern: A student intern is an individual who is currently enrolled in a health profession training program for psychology, social work, counseling, or marriage and family therapy that has been approved by the appropriate board, is performing the duties assigned in the course of training and is appropriately supervised according to the standards set by the appropriate board and the training program. Social work student interns must be pursuing a master's degree in social work and be supervised by a Licensed Master's Social Worker in a manner that meets the requirements of a Council on Social Work Education (CSWE) accredited education program curriculum that prepares an individual for licensure. Michigan Department of Health and Human Services Medicaid Provider Manual Version Behavioral Health and Intellectual and Page C3 Date: October 1, 2023, Developmental Disability Supports and Services Non-Physician Behavioral Health Appendix Student interns, graduates and temporary or educational limited licensed providers are not eligible (revised per bulletin MMP 23-02) to enroll or be directly reimbursed by Medicaid. Services should be billed to Medicaid under the National Provider Identifier (NPI) of the supervising provider.

References:
SCCMHA Procedure 09.04.03.01 Credentialing of SCCMHA Providers and Staff
SCCMHA Policy 05.06.01 Network Management and Development
SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network
SCCMHA Policy 05.06.03.01 Credentialing and Recredentialing of SCCMHA Providers and Staff
SCCMHA Policy 05.06.03.03 Specialty Behavioral Health Credentialing & Supervision Requirements
MDHHS Medicaid Provider Manual
Michigan CCBHC Demonstration Handbook.

Exhibits:
None

Procedure:

ACTION	RESPONSIBILITY
Board Operated: SCCMHA/Credentialing Coordinator receives notice of new Student Intern via HR activation/deactivation list.	Credentialing Coordinator and SCCMHA Human Resources
Contact HR for any credentialing documents, to input into Sentri II.	Credentialing Coordinator

Once Sentri II account has been created, upload any and all credentialing documents provided and inputs Student Intern into signature credential line.	Credentialing Coordinator
In Sentri II Credentialing Coordinator checks the "Use Supervisor NPI" in Sentri II for billing purposes.	Credentialing Coordinator
Updates Student Intern booklet in the credentialing tracker of new person or persons.	Credentialing Coordinator
Upon completion of student internship, end dates the credential in Sentri II.	Credentialing Coordinator and Supervisor overseeing Student Intern.
Provider Network: SCCMHA/Credentialing Coordinator receives Workflow notification of Student Intern. Credentialing Coordinator approves WorkFlow and saves any documents the WorkFlow creator may have attached.	Credentialing Coordinator
Once Sentri II account has been created, Credentialing Coordinator uploads any and all credentialing documents provided and inputs Student Intern into signature credential line.	Credentialing Coordinator
In Sentri II Credentialing Coordinator checks the "Use Supervisor NPI" in Sentri II for billing purposes.	Credentialing Coordinator
Updates Student Intern booklet in the credentialing tracker of new person or persons.	Credentialing Coordinator
Upon completion of student internship, end dates the credential in Sentri II.	Credentialing Coordinator and Supervisor of Student Intern