

CMHS OF MUSKEGON COUNTY PROFILE

TABLE OF CONTENTS

I.	Identifying Information	3
II.	History	4
III.	Authorization of Services	5
IV.	Assessment Process	6
V.	Services Array	7
VI.	MCO Functions	8
VII.	Leadership	9
	Policy Development and Standards	
	Communication between CMHS of Muskegon County and Providers	
	Fiscal Policies	
	Corporate Compliance	
	Sentinel Events	
	Satisfaction	
	Reporting and Accountability	
VIII.	Continuum of Care	11
	Person Centered Planning Guidelines	
	Service Definitions – Service Selection Guidelines	
	Utilization Issues	
	Data Analysis Methodology	
	Network Providers	
IX.	Management Information Systems	13
	Medical Records	
	Availability of Clinical Information	
	Data Collection and Coding	
X.	Provider Relations	15
	Procurement Process	
	Conflict of Interest	
	Network Management – Contract Language/Evaluation	
	Credentialing, Privileging, and Staff Evaluation	
	Site Visits	
	Report Carding	
	Record Reviews	
	Provider Complaints	
XI.	Billing and Finance	18
	Billing – Reporting of Services	
	Billing Consumers	
	Claims Management	
	Payments	
XII.	Member Services	20
	Overview	
	Accommodation and Choice	
	Second Opinions	
	General Complaints	
	Grievance and Appeal	
	Care Issues	

XIV. Member Care	23
Member Handbook	
Assessment	
Person-Centered Planning	
Medication Services	
Special Treatment Procedures	
XV. Environment of Care	25
XVI. Wellness/Prevention	26

I. IDENTIFYING INFORMATION

Community Mental Health Services of Muskegon County (CMHS of Muskegon County) is a managed care organization located in Muskegon, Michigan. The organization is responsible for managing behavioral health services for eligible Medicaid and uninsured consumers in Muskegon County, Michigan. This document describes the managed care functions of the organization. This document will be reviewed and revised on an annual basis.

II. HISTORY

Pursuant to ACT 258 of the Public Acts of 1974 of the State of Michigan, the Muskegon County Board of Commissioners, in conjunction with the Community Mental Health Services Board of Muskegon County, filed a letter with the Michigan Department of Public Health for provision of psychiatric inpatient, outpatient, and administrative services. Department of Public Health approval was given on January 11, 1979 with justification of approval being, in addition to other factors, the project would replace and consolidate mental health services into a single unit in Muskegon County.

In subsequent years, CMHS of Muskegon County has expanded services through direct staffing and through contract services. CMHS of Muskegon County has assumed managed care functions through transitions from State Facility inpatient to community inpatient, and an extensive array of community-based services.

In October, 1998, in response to Michigan Department of Community Health (MDCH) requirements, CMHS of Muskegon County became a capitated Managed Behavioral Health Care Organization for residents of Muskegon County.

Community Mental Health Services of Muskegon County the Prepaid Inpatient Health Plan (PIHP) for the Lakeshore Behavioral Health Alliance. The Lakeshore Behavioral Health Alliance is an affiliation inclusive of Community Mental Health Services of Muskegon County, Community Mental Health Services of Ottawa County and the Lakeshore Coordinating Council. As PIHP, Community Mental Health Services of Muskegon County assumes certain regulatory functions for the Alliance, assuring policy, procedure, reporting requirements, and performance indicators are in compliance with MDCH and other external standards. CMHS of Muskegon County assures common standards for evaluation of the provider networks.

III. AUTHORIZATION OF SERVICES

All requests for service are evaluated by CMHS of Muskegon County ACCESS Utilization Specialists. Requests are screened based on written access criteria as developed by the Michigan Department of Community Health. A request for service can result in:

- A. Initiation of authorized services within the provider network.
- B. Referral to an appropriate provider outside the provider network. Individuals screened and referred outside the provider network will be given a contact person and phone number if they have concerns regarding the outcome of the screening decision. Payment decisions for services provided outside the network will be made at the time of the screening and authorization.

Denial of services based on a failure to meet criteria. ACCESS will provide notice to the consumer.

- C. The screening and authorization process is explained in the PIHP Service Selection Guidelines, effective 2/22/05 (**see Provider Manual, Section II: Access Procedures and Guidelines**). This includes entry criteria for the various levels of services available.

IV. ASSESSMENT PROCESS

CMHS of Muskegon County ACCESS holds primary responsibility for authorizing initial assessments. Any providers whose contract grants authority to carry out assessments must meet the requirements as outlined in the PIHP Service Selection Guidelines, effective 2/22/05 **(see Provider Manual, Section II: Access Procedures and Guidelines)**,

V. SERVICES ARRAY

Community Mental Health Services of Muskegon County provides access to an array of services for persons with developmental disabilities, adults with serious and persistent mental illness, and children with serious emotional disorders, including psychiatric assessment services. The following array of services is provided either by CMHS of Muskegon County staff or through contractual arrangements. Services are described in detail in the PIHP Service Selection Guidelines (**see Provider Manual, Section II: Access Procedures and Guidelines**).

Mental Health and Developmental Disabilities Services

Community Inpatient	Occupational Therapy
State Hospital Service	Speech and Language Therapy
Specialized Residential	Medication Administration
Assertive Community Treatment (ACT)	Person-Centered Planning
Crisis Residential	Private Duty Nursing
Supported Independent Housing	Emergency Services
Outpatient Partial Hospitalization	Targeted Case Management
Clubhouse Programs	Day Programs
Home-Based Services (HBS)	Outpatient Psychotherapy
Assessment and Evaluation	Substance Abuse Services
Intensive Crisis Stabilization Services	Physical Therapy

Alternative MH/DD Services

Support and Service Coordination (DD)	Family Support and Training
Community Living Supports	Respite Care Services
Durable Medical Equipment (DD)	Assistive Technology (DD)
Medical Supplies (DD)	Housing Assistance
Environmental Modifications (DD)	Skill-Building Assistance
Supported/Integrated Employment Services	Enhanced Pharmacy (DD)
Assistance for Challenging Behaviors	Extended Observation Beds (MI)
Peer-Delivered/-Operated Support Services	Prevention-Direct Service Models
Prevention-Other or Indirect Service Models	Enhanced Health Services

Alternative services beyond the preceding list may be approved by CMHS of Muskegon County ACCESS.

VI. MCO FUNCTIONS

As a managed care organization, Community Mental Health Services of Muskegon County provides key functions in assuring there is consistent quality care across the provider network.

Eligibility Determination:

ACCESS/Gatekeeping
Initial Service Authorization
Consumer Choice Options

Utilization Management:

Ongoing Service Authorization
Case Monitoring
Provider Trends Analysis
Clinical Pathways/Protocol Development and Review
Uniformity of Care Standards

Provider Network Management:

Network Development
Contract Monitoring
Claims Processing (Finance Department)

Information Management:

System Design and Maintenance
Reporting
Privacy and Security

Member Services/Relations:

Recipient Rights
Wellness and Health Promotion
Customer Services
Accommodations

Compliance and Performance Improvement:

Standards Development
Audits/Report Cards
Credentialing and Privileging
Outcomes
Regulatory Functions

VII. LEADERSHIP

Policy Development and Minimum Standards

Community Mental Health Services of Muskegon County maintains a written list of policies required by network providers and specifies policy compliance in the provider contract processes. **(See Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County)**

Communication Between CMHS of Muskegon County and Provider Network

CMHS of Muskegon County will assign a contract manager who will be the primary contact for specific network providers. Network providers will be notified of any changes in this Provider Manual. If issues arise that are not addressed either in written form or by the contract manager, the Network Manager can be contacted for further clarification.

CMHS of Muskegon County will hold provider meetings twice a year and may also issue periodic written communications to providers.

Fiscal Policies

Providers must furnish evidence to CMHS of Muskegon County of their financial solvency. Fiscal audits must be available when requested. Provider must address concerns regarding their financial practices and solvency. The provider must assure there is no financial gain due to a conflict of interest. **(See Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County)**.

Corporate Compliance

Each member of the provider network is expected to be aware of Federal and State compliance requirements. Providers may contact the CMHS of Muskegon County's Corporate Compliance Advisor for consultation or assistance in addressing compliance activities. There are a number of important areas for providers to manage.

- A. Accuracy in service activity coding.
- B. Consistent documentation of services provided.
- C. Avoiding conflicts of interest with business partners.
- D. Providing only services that have been authorized and are in the consumer's Person-Centered Plan.
- E. Providing services only to persons who continue to meet criteria for medical necessity.
- F. Assuring that consumer information is kept private and secure, and that information sent in any form meets Federal HIPAA requirements.

Reported fraudulent or neglectful business practices will be reviewed by Community Mental Health Services of Muskegon County and actions, including the termination of the contract, may result if a provider is knowingly incomplete or misleading.

Sentinel Events

A Sentinel Event is defined as an unexpected occurrence involving death or major permanent loss of function, or risk thereof, not related to the natural course of the consumer's illness or underlying condition, or involves suicide of a client in a setting where the consumer receives 24-hour care, or criminal sexual conduct (even if the outcome was not death or major permanent loss of function).

The terms of the Master Contract with MDCH require all Sentinel Events be reported to CMHS of Muskegon County, and a Root Cause Analysis be conducted within 45 days. CMHS of Muskegon Policy 04-024, Peer Review and the Root Cause Analysis of Sentinel Events, will help in determining if an incident meets the definition of a Sentinel Event. If so, the Office of Recipient Rights must be contacted immediately, and proper documentation of the event completed. Providers must participate cooperatively with the Root Cause Analysis process.

Satisfaction

Consumer satisfaction is an important component of service delivery and quality improvement. Community Mental Health Services of Muskegon County will routinely conduct satisfaction reviews for all populations and service settings in which Community Mental Health Services of Muskegon County consumers reside or receive services. Providers are expected to cooperate with all satisfaction reviews, and to provide follow-up and corrective action when warranted. Providers are also requested to submit results of self-administered satisfaction surveys when specific to the contract service(s).

The Michigan Department of Community Health will also conduct statewide surveys that may include consumers of Community Mental Health Services of Muskegon County. Providers are expected to assist when necessary to complete these surveys.

Reporting and Accountability

Providers are expected to submit accurate and timely billing and demographic data as specified in their contracts. CMHS of Muskegon County may request additional information if reasonable notice and rationale is given. CMHS of Muskegon County requires that providers are subject to financial or program audit if notice and rationale is given. Any errors in reporting are the responsibility of the provider to correct.

CMHS of Muskegon County is expected to provide payment to providers within thirty (30) days of the submission of a clean claim.

CMHS of Muskegon County will evaluate providers within the provider network, and is expected to clearly communicate findings with documentation to the providers. Upon receipt, providers are expected to work cooperatively to address areas of delinquency and timeframes for correction.

VIII. CONTINUUM OF CARE

Person-Centered Planning Guidelines

Person-Centered Planning is a process for planning the supports necessary for the individual receiving services to have the same choices and opportunities to participate in the community as any person not receiving services. The process focuses on the individual's strengths, abilities, preferences, and needs, and involves persons of the individual's choice including family members, friends, and professionals involved in providing service. Those receiving services have choice in who attends their planning meeting, where the meeting will be held, and what specific services they wish to receive. Choice is impacted by the array of services CMHS of Muskegon County is responsible for providing and by determination of and intensity of need.

CMHS of Muskegon County follows the Person-Centered Planning Best Practice Guideline as defined by the Michigan Department of Community Health. Providers must be familiar and operate within the expectations of these guidelines in the **Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**. Providers must assure that all persons providing direct service to individuals receiving services from CMHS of Muskegon County receive orientation and training in Person-Centered Planning. Minimally, all staff must have training at the time of hire and participate in an update training every two to three years.

Service Definitions

- A. Services provided must meet requirements for medical necessity for the prescribed level of care. If during the course of treatment, a consumer no longer needs the intensity of care originally prescribed, providers will refer back to the CMHS of Muskegon County Case Manager or ACCESS for review and authorization.
- B. For providers who complete initial screening, admission criteria consistent with CMHS of Muskegon County ACCESS, and PIHP Service Selection Guidelines must be used. Admission criteria are approved by CMHS of Muskegon County.
- C. Whenever possible, providers must strive to use natural community supports to address consumer needs. The use of paid CMHS of Muskegon County providers should be only when indicated in the assessment and only when the support is not available at the necessary level in the community.
- D. Providers may use out-of-network providers when clinically indicated. Use of these providers must receive **prior** authorization from CMHS of Muskegon County ACCESS.
- E. Transfers between network providers should be seamless and in the best interest of the consumer. Providers will make every effort to transition consumers to the most appropriate level of care in a timely fashion. No waiting lists will be kept in the provider system.
- F. Coordination of care requires communication with other appropriate providers when services have been initiated or a major change in treatment status has

occurred. Coordination of care must occur with CMHS of Muskegon County, other members of the provider network, the person's Qualified Health Plan, and with the person's primary care physician. Communication must meet all expectations for privacy and security of information (**see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**).

- G. The provider network must assure continuity of care for all eligible consumers across Muskegon County. Providers are required to use standard criteria for care decisions when there is more than one service.
- H. CMHS of Muskegon County ACCESS decisions on utilization will be communicated to providers in a timely manner. Requests for clarification should be directed to ACCESS at (231) 720-3200.

Methodology – Data Analysis

CMHS of Muskegon County will monitor components of care on a regular basis.

1. Competency and qualifications of provider network staff.
2. Licensing and accreditation information.
3. Expected outcomes in the provider contracts.
4. Consumer satisfaction results.
5. Cost effectiveness of services against consumer outcomes.
6. On-site evaluation of services and facilities.
7. Benefits review.
8. Provider policy and procedure review.

List of Affiliated Providers

CMHS of Muskegon County will maintain a list of all network providers. Providers will receive copies of the network list as it is updated (**see Provider Manual, Section XI: Member Handbook and Service Provider Guide**).

IX. MANAGEMENT INFORMATION SYSTEMS

Medical Records: Primary Service Providers

The following requirements are for providers who are furnishing the clinical oversight of a consumer's case, including screening, initial psychosocial assessment, treatment planning, ongoing treatment, annual reassessment, and discharge planning.

- A. The minimum requirements for assessment and treatment planning in CMH of Muskegon County Policies 06-004: Professional Assessment; 06-003: Dietary Referral and Assessment; 20-009: Clinical and Support Services Documentation; and 06-015: Documentation Standards must be addressed (**see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**).
- B. Consumers must be reassessed as needed; an annual reassessment is required.

Ancillary Service Providers:

Providers who do not oversee all services but do furnish support and ancillary services under the direction of CMHS of Muskegon County, are expected to meet the following requirements.

- A. All Ancillary Service Providers must meet the minimum requirements as stated above in the Primary Service Provider section.
- B. Any authorized service reported in activity reporting claims must have a corresponding clinical document such as an assessment, status report, progress note and/or discharge report. Services reported to CMHS of Muskegon County without supporting documentation are subject to nonpayment.
- C. All services provided must be authorized by CMHS of Muskegon County and included in the consumer's integrated Person-Centered Plan. Services provided that are not included in the Plan are subject to nonpayment by CMH and other funding sources.
- D. An integrated plan means there is one central chart for each consumer that is inclusive of all services provided. In certain situations an ancillary chart may be kept at a specific service location, but it must be available upon request and considered part of the central record. Ancillary charts must be approved by CMHS of Muskegon County.
- E. CMHS of Muskegon County is the holder of the record for all CMHS of Muskegon County consumers, and has the right of access to the clinical record upon reasonable request.
- F. All providers are expected to provide a secure location for clinical information and to monitor the dissemination and receipt of any consumer-specific information.
- G. Service-specific medical records requirements will be specified in each service contract.

Availability of Clinical Information

Network providers may share consumer information in order to improve the quality of care to consumers. In doing so, confidentiality of information is essential, and required by State Recipient Rights Policies and Federal HIPAA requirements. Consumers must consent to the release of "Individually Identifiable Health Information" (HIPAA definition) at the time service is initiated. Information is only released on a need to know basis. Only provider network staff needing the information for treatment, payment, and health care operations are given access to consumer information.

Providers must be able to show reasonable efforts have been made to protect hard copy and electronically stored consumer information. Standard processes for transmitting and sending consumer information must be in place which protects the privacy of the information. Providers must have written policy regarding requirements for security and privacy, including standards on password protection, storage of records, and access to all types of consumer information.

Data Collection and Coding

CMHS of Muskegon County will provide definitions and codes for all demographic and service activity reporting requirements. Providers will utilize only CMHS of Muskegon County-approved codes.

X. PROVIDER RELATIONS

Procurement Process

An array of behavioral health care is available to eligible recipients. CMHS of Muskegon County will procure services consistent with CMHS of Muskegon County Policy 20-016: Procurement of Services and 20-022: Selection of a Procurement Strategy (**see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**). Quality, cost and choice issues will be considered when making decisions regarding the provider network. Preference will be given to individuals/agencies that can document Clinical Best Practices achieving desired outcomes. CMHS of Muskegon County requires assurances that conflict of interest is not evident prior to contracting with any providers. Providers must disclose potential conflicts of any staff or Board representative during the application process.

Selected providers will sign a contract with CMHS of Muskegon County which specifies the expectations of the provider and CMHS of Muskegon County. The contract will contain expectations regarding outcomes, staff qualifications, services, and reporting requirements. Selected providers will emphasize cost effectiveness and clinical efficiency by optimizing access, quality, and service. Providers are solely responsible for managing operations consistent with terms of the accepted contract. All providers will be required to maintain compliance with the provider network performance standards contained in the contract and Provider Manual. CMHS of Muskegon County reserves the right to accept, reject, or negotiate and amend any provider application if it is in the best interest of the Board, and to waive any irregularities and/or information in the application process.

Conflict of Interest

Providers of services must be free of any significant investment or association of their own or of their immediate family with CMHS of Muskegon County employees that might interfere with, or be thought to interfere with an impartial analysis of a bid submission or application. If a conflict of interest does exist, it must be disclosed in the bid submission. Through a legal review, it will be determined if a true conflict of interest exists before any vendors are chosen and contracts issued.

Performance Improvement Activities

Providers are expected to maintain their own performance improvement activities. Network Management staff will measure Provider performance on an ongoing basis to assure quality and cost effective services are being provided. Various measurements will be used to determine performance including periodic record reviews. These will be used as part of the selection and retention guidelines of the provider network. Performance information will be used by the contract manager as a consideration in rate negotiation and as a tool to focus provider performance improvement and training efforts. CMHS of Muskegon County will summarize key compliance activities and provide a final report specifying the provider's performance during the contract period in a "Report Card" format.

Examples of Performance Improvement measures may include:

- A. Performance on outcomes, performance indicators, and consumer care.
- B. Compliance with expected standards referenced in the contract, such as services are authorized, provided and billed according to the Person-Centered Plan.
- C. Timely response to required plans of correction.
- D. Customer Satisfaction: Complaints and Satisfaction Survey ratings.
- E. Cost of care: Per case and per admission.
- F. Access: Timeliness and availability of services.
- G. Denials: Types and disposition.
- H. Effectiveness in dealing with levels of consumer severity of illness.
- I. Volume of Activity (Capacity).
- J. Source and disposition of referrals and discharges.
- K. Billing and Business Practices: Timeliness/frequency, accuracy, and completeness of billing and other requested information, timely response to plans of correction.
- L. Ethics Issues: Provider meets expectations outlined in CMHS of Muskegon County's Ethics Statement.
- M. Compliance: Fraud and abuse situations.
- N. Coordination of Care.

Providers who wish to dispute any findings from a CMHS of Muskegon County review or audit, may contact the Chief Operations Officer at (231) 724-1104. For disputes of payment and claims, providers may contact the Mental Health Claims Supervisor at (231) 724-6646.

For a complaint not identified elsewhere in the Provider Manual or contract, contact the Executive Director at (231) 724-1104.

Credentialing, Privileging, and Staff Performance Evaluation

Network providers will be required to have specified credentials and licenses consistent with their degree and job functions. In addition, all licensed independent practitioners, doctors, Ph.D. psychologists, and physician assistants will be required to be privileged within the provider network (**see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**).

Individual staff competency and licensing must be consistent with CMHS of Muskegon County attached competency requirements **(see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County)**. All providers must have a formal process for conducting regular staff evaluations.

Site Visits

Minimally an annual evaluation at the program site will be completed for all non-accredited providers. For accredited providers this site visit may be waived if sufficient information is gathered from accreditation documentation and other sources. The decision to waive a site visit will be made by CMHS of Muskegon County leadership. CMHS of Muskegon County will develop and use standard review tools for providers specific to the service(s) provided **(see Provider Manual, Section IV: Network Compliance Review Documents)**.

XI. BILLING AND FINANCE

Prior to Service Provision

- A. Providers must assure that the authorization for services is in effect before the service is provided. The only exceptions to this are crisis services and assessments as specifically allowed in the contract.
- B. If further care is needed beyond an existing authorization date or approved units, providers must call ACCESS for a new or additional authorization.
- C. Providers must verify insurance/Medicaid information at each visit. CMHS of Muskegon County must be notified immediately if there are any changes in insurance and/or Medicaid coverage.
- D. For outpatient service contracts, an ability to pay calculation must be done annually and anytime the consumer's income increases or decreases during the course of treatment.
- E. Contract agencies are responsible for all third party billing other than Medicaid. CMHS of Muskegon County will not cover the cost of any service that a Third Party Payor would have paid if all billing conditions had been met. (e.g., The insurance would have paid a properly credentialed and registered individual). If insurance requirements are not met, CMHS of Muskegon County is not responsible.
- F. Any Explanation of Benefits (EOB) received from Third Party Payors must be submitted to CMHS of Muskegon County.

Reporting

- A. All billing must be submitted on a HCFA 1500.
- B. The services provided during the final week of the month must be submitted by the first business day of the subsequent month. Residential and Day Program Services must be submitted by the third (3rd) business day following the month that the services were provided.
- C. An error-free, or clean claim will be paid by CMHS of Muskegon County within thirty (30) days.
- D. Incomplete claims will be returned to the provider for correction. These must be corrected and resubmitted.
- E. Claims will not be accepted past sixty (60) days from the date services are provided.
- F. All claims submitted must include the authorization or re-authorization number.
- G. Appropriate clinical documentation must be in the consumer's medical record to substantiate all billed services.

H. According to the Ability to Pay Guidelines as outlined in the Michigan Mental Health Code Chapter 8, Section 818-819:

Providers May Not Bill

1. Non-authorized services.
2. Amounts above the fee schedule/per diem.
3. Additional payments or co-payments whose only coverage is Medicaid.

Claims Management

All claims should be sent to:

Community Mental Health Services of Muskegon County
MCO Claims Processing
376 E. Apple Avenue
Muskegon, MI 49442

XII. MEMBER SERVICES

Overview

Customer/Consumer Services provides a wide range of member services designed to improve the consumer's entire care experience. This includes orienting all new members and the general community about available services and benefits including how to gain access to services. Customer/Consumer Services is involved in wellness promotion, information, education, problem resolution, and consumer satisfaction and involvement. Customer/Consumer Services is committed to developing, implementing, and maintaining systems that serve to promote recovery and maximize the self-sufficiency and self-reliance of its members. Consumer involvement is highly encouraged at all levels of the service delivery system. Customer/Consumer Services is available to assist consumers in problem resolution and referral, and can be contacted by calling (231) 720-3201 between 8 a.m. and 5 p.m., Monday through Friday.

Accommodation and Choice

Providers must assure that their staff are aware of cultural differences and are competent to provide services to consumers from different cultures. This includes familiarity with Limited English Proficiency (LEP) guidelines. In cases where the consumer is unable to speak English functionally, or requests services specific to their primary language, the provider must make efforts to provide services in the primary language. ACCESS may provide assistance in finding appropriate cultural and language services.

Providers will ensure that policies and procedures promote equal opportunity for individuals with disabilities and/or Limited English Proficiency to participate at all levels of agency programs and services.

Providers must offer choice to the consumer when applicable. A consumer may select a different provider in the organization or may request transfer to another provider. A request for change in provider within an organization may be processed and completed by the provider. A request for a change to a different provider may be brought to CMH of Muskegon County ACCESS, either by the consumer or by the staff on behalf of the consumer.

Second Opinions

Consumers will be informed of their right to a Second Opinion at the time of the ACCESS screening and/or assessment and at the time of the Pre-admission Screening Unit's evaluation for inpatient care. Consumers may request a second opinion of ACCESS if there is a denial of the service they are requesting from ACCESS, minimally within three (3) days for a denial of inpatient care and fourteen (14) days of outpatient services. The second opinion is usually obtained the same day and the consumer is contacted with the decision. In certain situations, an initial assessment will be authorized and completed within fourteen (14) days to clarify issues pertinent to established criteria for CMH services. All Inpatient Second Opinions will be face-to-face with the consumer with decisions based on established criteria for service. Second Opinions for inpatient care may be completed by a Psychiatrist, Physician's Assistant,

Licensed Psychologist, a Licensed Masters Social Worker, or a Limited Licensed Psychologist.

General Complaints

If a consumer is dissatisfied with any aspect of care or treatment, the provider is encouraged to assist the consumer in contacting the Customer Services Department for resolution of their concerns. Our commitment to the consumer is to provide a response within ten (10) days. This response will explain how we have resolved the concern. If we cannot resolve the concern within the ten (10) day period, the consumer will be notified of how and when to expect a response.

Recipient Rights Complaints

Any complaint by a consumer alleging violations of Mental Health Code protected rights will be immediately forwarded to the Office of Recipient Rights at:

Community Mental Health Services of Muskegon County
376 E. Apple Avenue
Muskegon, MI 49442
(231) 724-1227

Further complaints may be brought to the Lakeshore Behavioral Health Care Alliance by contacting CMHS of Muskegon County at (231) 724-1111.

Grievance and Appeals

Consumers are provided an opportunity to appeal provider decisions involving denial, suspension, reduction, or termination of services in a fashion that promotes the following values and principles:

- A. The process will be timely, fair to all parties, administratively simple, objective and credible, accessible and understandable to consumers, cost and resource efficient, and subject to quality review.
- B. The process will not interfere with communication between consumers and their service providers.
- C. The process will assure that service providers who participate in a grievance on behalf of consumers will be free from discrimination or retaliation.
- D. The process will assure that consumers who file a grievance should be free from discrimination or retaliation.
- E. The process will be resolved at the level closest to the service delivery whenever possible.
- F. The person reviewing the grievance will not be the same person who made the initial decision that is subject to the grievance or dispute.

- G. The established process will be consistent with the Mental Health Code and the Medicaid Fair Hearing requirements and will afford parallel, yet different processes for all consumers, both Medicaid and non-Medicaid. The Recipient Rights Officer is the designated Administrative Hearing Officer for the provider network.

Care Issues

Network providers are encouraged to address treatment disputes proactively through an internal review process with the consumer. Every provider must specify the external process if the consumer is not satisfied with the outcome of the internal review.

Recipient Rights

All consumers of the Public Mental Health System are guaranteed specific rights when receiving mental health services. These rights are codified into law by the Michigan Mental Health Code and apply to all consumers, regardless of their disability. Each contract and service agreement will stipulate whether the provider is required to comply with CMHS of Muskegon County policies concerning rights or whether the provider is to develop their own, consistent with the DCH requirements. Recipient Rights policies are referenced in the **Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**. In all cases, all providers agree to accept the final jurisdiction of the CMHS of Muskegon County Office of Recipient Rights and to comply with all contractual requirements pertaining to the protection of these consumer rights.

All provider staff are required to complete initial Recipient Rights training prior to working with consumers. All reports of unusual incidents, serious injury, abuse, neglect, or other potential recipient rights violations are to be reported immediately to the Office of Recipient Rights. Provider staff are required to assist consumers in filing Recipient Rights Complaints and to assure those complaints are forwarded to the Office of Recipient Rights immediately. All consumers will be informed of their rights in a manner that is understandable to them when services are initiated and periodically thereafter. Contact information for the Office of Recipient Rights will be posted and provided to all consumers. Recipient Rights staff are available 24 hours a day, 7 days a week by calling (231) 206-0540 or (231) 206-0539.

Protective Services Reporting

All Providers are expected to report any suspected abuse and neglect, adult or child, to the Protective Services Department of the Michigan Department of Human Services.

XIII. MEMBER CARE

Member Handbook

CMHS of Muskegon County will maintain a Member Handbook which gives information to consumers on important information they need to know about receiving services and about their personal rights. This Handbook will be revised at least annually and is located in the **Provider Manual, Section XI: Member Handbook and Service Provider Guide**.

Assessment

Individuals seeking service will receive a preliminary screening from CMHS of Muskegon County ACCESS which assesses their eligibility for treatment. Those considered eligible for services will receive a comprehensive psychological assessment from CMHS of Muskegon County or an authorized contracted provider. Recommendations in the assessment will build on the individual's desires for treatment whenever possible. Any organization providing professional assessment must meet either stated CMHS of Muskegon County assessment requirements (**see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**) (or meet criteria specific to their discipline, e.g., Occupational Therapy, psychiatric, etc.). The assessment will provide treatment recommendations that will provide the basis for goals in the Person-Centered Plan.

Person-Centered Planning (PCP)

Providers will work closely with the individual in developing the Person-Centered Plan. The PCP must follow MDCH Best Practice Guidelines as attached to these requirements (**see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**).

Medication Services

Individuals must receive a psychiatric evaluation prior to receiving medication services. A Psychiatrist must be privileged to provide any medication services. Physician's Assistants may provide medication services under the supervision of a privileged Psychiatrist.

Medications prescribed must be on the approved formulary. Any medications not on this list may be requested, but must follow MDCH guidelines set in the formulary (**see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County**).

Special Treatment Procedures

Seclusion/Restraint with Duration in Excess of 30 minutes: Seclusion will only be used by providers who are accredited and meet all staffing and programmatic requirements for seclusion as specified in Medicare and CARF accreditation requirements. Only hospitals in the provider network may use seclusion and restraint in excess of 30 minutes under the above conditions.

Restraint with Duration 29 Minutes or Less: Restraint may be used in other settings in emergency situations as long as the duration of the restraint does not exceed 29 minutes in a 12-hour period. Staff providing restraint must be trained and demonstrate competence in physical intervention techniques.

Electroconvulsive Therapies (ECT): CMHS of Muskegon County may authorize ECT services if clinically indicated, but ECT services must be provided by an accredited hospital.

Behavior Modification Procedures Using Painful Stimuli: This intervention is not allowed in the provider network. Behavior modification which uses aversive techniques may only be done under the direction of an authorized behavior management committee.

Research Projects: Network providers who wish to conduct research projects must have a process for prior CMHS of Muskegon County approval and ongoing monitoring. The process must include steps to receive consumer consent to participate in the research project. Research projects as stated here include experimental medication trials.

Activity and Rehabilitation Services: Providers who are providing day activity programs, psychosocial rehabilitation, and supported employment services must meet Michigan Medicaid Standards (Medicaid Provider Manual, Mental Health and Substance Abuse Section).

Lab and Pathology: Lab and pathology services are not provided as a part of the provider network. However, it is expected that providers who request these services have an arrangement with providers with a CLIA certification. Payment for these services is not a covered benefit under the behavioral health plan; it is covered under the primary health care benefit.

Medical and Dental: CMHS of Muskegon County does not typically pay for medical and dental services. However, CMHS of Muskegon County will work with the consumer and provider to identify the appropriate provider and coverage if available.

XIV. ENVIRONMENT OF CARE

Providers are expected to have the following components of an Environment of Care Plan.

- A. A Smoking Policy must be in effect that prohibits smoking inside buildings and minimizes the risks of exposure to second-hand smoke.
- B. It is the responsibility of the provider to maintain an appropriate therapeutic environment for all ages and disabilities served.
- C. It is the responsibility of the provider, as the employer of record, to assure its workers are safe and that all OSHA requirements are met relative to employees Right to Know.
- D. It is the responsibility of the provider to either develop and maintain their own Infection Control Program (including prevention activities), or to utilize the program developed by CMHS of Muskegon County.
- E. The Network's Environment of Care Policy 20-010 must be adhered to or exceeded as applicable, therefore, all providers must have systems designed to address the following. **(see Provider Manual, Section III: Policies and Procedures of CMHS of Muskegon County).**

Elements of Environment of Care include:

- 1. Safety: Protection from injury.
 - 2. Security: Protection from harm.
 - 3. Hazardous Materials Management: Safe control of HAZMAT.
 - 4. Emergency Preparedness: Effective response to disasters.
 - 5. Life Safety: Fire safety.
 - 6. Utilities Systems Management: Operational reliability of utilities.
 - 7. Equipment: Medical and non-medical equipment maintenance.
 - 8. Infection Control: Practices to minimize/prevent occurrence of infections.
 - 9. Vehicle Maintenance: Refer to P/P 07-002, Staff Travel and Use of County Vehicles **(see Provider Manual Index, Section III: Policies and Procedures of CMHS of Muskegon County).**
- F. Any provider not accredited by a recognized accreditation body will allow CMHS of Muskegon County to complete a site visit and site review prior to the execution of a contract and regularly thereafter.

XV. WELLNESS/PREVENTION

Annually CMHS of Muskegon County determines wellness and prevention of members served and potential members, and develops a Wellness Plan. This includes a review of educational needs of members (**see Provider Manual, Section X: Wellness Plan/Prevention**).

Community Mental Health Services of Muskegon County

CODE OF ETHICS

Introduction

The Community Mental Health Services of Muskegon County (CMHS) is committed to a continuing effort to maintain principles of ethical business conduct. To accomplish this, CMHS has developed a system-wide Corporate Compliance Program. This program has been reviewed and approved by the Board of Directors of Community Mental Health Services of Muskegon County. The purpose of this program is to ensure that Community Mental Health Services and its affiliates, employees, contractors and individuals conduct their operations and provide services in a manner consistent with the mission and vision statements and with all applicable federal and state laws and regulations. The program consists of a mechanism for reporting, investigating, monitoring and responding to potential, threatened or actual violations of federal or state law. The program is intended to serve as a vehicle for Community Mental Health Services of Muskegon County on an ongoing basis to educate its employees and police itself, in order to prevent any violations of law from occurring and/or to minimize the impact, exposure of liability of any such actions.

All employees are expected to report violations of any Federal Health Care Program, including the Federal and Michigan False Claims Acts, or other Federal or State funded program requirements to the Corporate Compliance Advisor. Failure to reasonably detect and report a violation is itself a violation of the Program.

Business will be conducted in good faith, with integrity and in accordance with these ethical standards. Adherence to such standards should never be traded or compromised for financial, professional or other business objectives. This obligation includes dealing honestly with other health care providers, educational institutions, payors, internal and external customers, suppliers, competitors and financial partners.

Business decisions will be based on the corporate mission, strategic plan and CMHS resources. They will take into consideration the behavioral health care needs of the community served by CMHS with care given to avoid duplication of services and services that are unnecessary or non-eficacious. As we work to provide care in a more cost-effective manner, we will strive to provide care that meets our standards. CMHS will not be wasteful in the utilization of its resources. CMHS will obey all relevant laws, regulatory standards and ethical codes.

CMHS depends on employees to fulfill its responsibility to individuals and the community it serves. Ethical care and business practices are essential elements in guiding its operations. The Code of Ethics defines the expected ethical behavior of employees. All employees of CMHS commit themselves to conduct their professional relationships in accordance with this statement and agree that they will:

I. Responsibilities to Consumers

- A. Adhere to the policies and procedures of the Agency including the following:
- Discrimination or Refusal of Professional Services
 - Confidentiality
 - Recipient Rights
 - Consumer Bill of Rights

- B. Respect the choice of consumers in all aspects of their lives.
- C. Respect the dignity of all persons served by avoiding dual personal, clinical, and/or supportive relationships, sex or intimate touch with consumers.
- D. Protect and preserve clinical relationships by not lending money, borrowing money or becoming a guardian for non-family members that are CMHS of Muskegon County consumers.
- E. Ensure personal and professional competence by continuing to develop skills and knowledge and applying them to work activities.
- F. Provide diagnosis, treatment or advice on problems only within the employee's recognized bounds of competence.
- G. Respect and value all persons' religious beliefs, personal and spiritual values and cultural practices. Staff will not engage in religious proselytization with consumers.
- H. Ensure that all persons are provided mobility supports and any other supports included in the Person Centered Plan.
- I. Assist those consumers with limited English proficiency so that services may be accessed.
- J. Do not accept any gifts of value given by consumers, their families, advocates or guardians.
- K. In the appropriate treatment settings, advanced directives of the consumer will be honored. If a consumer seeks information about advanced directives, employees shall provide information and take reasonable steps to safeguard the consumer's best interests and rights.
- L. The Agency will not disclose any medical information about the consumer without a signed authorization for the use and disclosure of protected health information as required under the Health Insurance Portability and Accountability Act of 1996.
- M. Respect the dignity of the family members of the consumer in all interactions.

II. Responsibilities to Co-workers

- A. Respect the views of co-workers and treat them with fairness, courtesy, and good faith.
- B. Report through supervisory channels any staff that engages in harassment, discrimination, or presents themselves as competent to do services beyond their training and/or level of experience.
- C. Suspend assumptions, act as colleagues and adopt the spirit of inquiry by exploring the thinking behind their views and the evidence that they have that leads to these views.
- D. Staff will not engage in religious proselytization during working hours.

- E. CMHS of Muskegon County will not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee because the employee initiates, assists, or participates in a proceeding or court action under the Michigan False Claims Act as well as the Federal False Claims Statutes.

III. Responsibilities to Employer

- A. Adhere to all Agency policies, procedures and practices.
- B. Work to improve the effectiveness and efficiency of services provided by the Agency by embracing the principles and practices of quality improvement.
- C. Do not accept any gifts from vendors, providers or other contractors that would result in an implied or direct promise of reciprocity.
- D. Demonstrate respect and adhere to Agency policies, procedures, practices and management decisions.
- E. Support the integrity and enhance the reputation of the Agency. Be positive in words and actions toward the Agency.
- F. Critically review requests from vendors or subcontractors to participate in any type of promotional efforts to limit the possibility of a potential conflict of interest.
- G. Distinguish personal views and actions from those authorized as representatives of CMH.
- H. Obtain approval from the Director or designee prior to making any public statement to the media as representatives of CMH.
- I. Report all known or suspected compliance issues to the Corporate Compliance Advisor, including any fraud, abuse, or misconduct as identified in the Michigan False Claims Act as well as the Federal False Claims statutes.
- J. Disclose all information regarding misconduct to the Corporate Compliance Advisor.
- K. Conduct job duties in a manner that demonstrates commitment to compliance with all applicable laws and regulations.
- L. Strive to prevent errors and provide suggestions for change to eliminate errors.
- M. Donations from vendors, contractors or providers may be accepted to benefit the consumers of the Agency as a whole. Donations may not be accepted to benefit one employee.
- N. Adhere to all billing and documentation standards without knowingly or willfully providing false or misleading information.
- O. Document services without misrepresentation of the service provided, duration or outcome.
- P. Authorize and provide services according to generally accepted mental health and managed care practices.

- Q. Ensure communications about offered services and products are accurate, fair and true. Accurately portray those services and products, which are available in the network.
- R. Conduct business with vendors, contractors and other third parties free from offers of or requests for gifts and favors.
- S. Apply the principle of confidentiality to all aspects of our business and relationships with consumers and co-workers. Follow the appropriate procedures for the release of protected health information for consumers and co-workers.
- T. Obtain written authorization for use of photography or testimonials prior to use.
- U. Use license, certification and accreditation information according to the standards and requirements established by the Agency from which the information was obtained.
- V. Ensure that marketing materials regarding programs, outcomes of services, costs for services, credentials of clinical providers, or benefits offered are not false or misleading.
- W. Refrain from negative statements about competitors.
- X. Refrain from high-pressure techniques or manipulation in promoting services and programs.
- Y. Refrain from plagiarizing the publications or media of others. Publications or media materials of other agencies or corporations are used when appropriate consent has been obtained or compensation is provided to the owner.
- Z. Provide information to a consumer that allows them to authorize the removal of their name from the mailing list for marketing materials.

**COMMUNITY MENTAL HEALTH SERVICES OF
MUSKEGON COUNTY**

CORPORATE COMPLIANCE PLAN

Revised: July 8, 2010

TABLE OF CONTENTS

	Page
I. INTRODUCTION	3
A. Definitions	4
B. Responsibility	5
C. Written Standards	6
II. EDUCATION AND TRAINING	8
A. Corporate Compliance Plan	8
B. Initial Training	8
C. Continuing Education	8
III. REPORTING OF AND RESPONSE TO VIOLATIONS	9
A. Reporting	9
B. Response	10
C. Retribution	11
IV. AUDITING AND MONITORING	11
V. RECORDS	12
VI. ENFORCEMENT	12
VII. GOALS AND OBJECTIVES	12

ATTACHMENT A: [Acknowledgement Statement \(A133\)](#)

ATTACHMENT B: [Corporate Compliance Telephone Report \(A186\)](#)

ATTACHMENT C: [Corporate Compliance Written Report \(A185\)](#)

I. Introduction

Community Mental Health Services of Muskegon County (CMHS of Muskegon County) is committed to conducting itself as a good organizational citizen by promoting an organizational culture that encourages a commitment to compliance with the law. As an organization, we are committed to preventing fraud, abuse and waste while furthering our mission. This commitment extends to every aspect of our business as well as every work-related activity of our employees, contractors, and individuals with responsibility pertaining to the ordering, provision, marketing, documentation, billing or services reimbursable by Federal health care programs. The commitment further extends to the preparation of claims, reports or other requests for reimbursement for such items or services with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal Health Care Programs (as defined in 42 U.S.C. § 13201-7b (f), hereinafter collectively referred to as the “Federal Health Care Programs.” CMHS of Muskegon County is also committed to ensuring that it complies with the requirements of all Federal and State programs from which it receives funding above and beyond “Federal Health Care Programs.” CMHS of Muskegon County is also committed to compliance with the Michigan False Claims Act (PA 109, Public Acts 111-117 of 2006) as well as the Federal False Claims Act (31 USCS 3729-3734, 1994).

The Corporate Compliance Plan provides standards of conduct and internal control systems that are reasonably capable of reducing the likelihood of violations of law. The Corporate Compliance Program, which is an outgrowth of the Plan, seeks to prevent violations of any law, whether criminal or non-criminal for which CMHS of Muskegon County is, or would be, liable.

A. Definitions

1. Covered Individuals: Except as otherwise provided in the Plan, the term, “Covered Individuals” refers to all CMHS of Muskegon County employees and all of its contractors and individuals with responsibilities pertaining to the ordering, provision, marketing, documentation, coding or billing of services payable by a Federal or State program for which CMHS of Muskegon seeks reimbursement.
2. Off-Site Contractor Providers: Individuals/entities that contract with CMHS of Muskegon County (or who are employed by sub-contract with a person or entity that contracts with CMHS of Muskegon County) to provide services at locations that are not owned or leased by CMHS of Muskegon County.
3. Pre-Existing Contractors: Covered individuals who are independent contractors with whom CMHS of Muskegon County has an existing contract on the effective date of any revisions to this Plan. Once CMHS of Muskegon County renegotiates, modifies, or renews a contract with an existing contractor, that contractor ceases to be a Pre-Existing Contractor and CMHS of Muskegon County will have full responsibility for the certification and training compliance obligations as pertain to that contractor.
4. Corporate Compliance Plan: Procedural framework established to provide assurances that CMHS of Muskegon County is in compliance with all billing, collection and medical records and other documentation requirements of all Federal and State programs with which the Agency does business. The Plan

provides avenues for errors/problems in the system to be appropriately and timely identified and corrected.

5. Corporate Compliance Advisor: Senior staff member selected by the Board of Directors to implement and monitor the Corporate Compliance Plan. The Corporate Compliance Advisor has necessary access to legal counsel, Board of Directors and the Executive Director in order to enforce the requirements of the Plan.
6. Risk Management Committee: Senior staff members of the Agency with the responsibility to review risk management and other compliance issues and activities.
7. Abuse: Payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.
8. Fraud: Knowingly and willfully executing or attempting to execute, a scheme or artifice to defraud any Federal or State program, or obtain, by means of false or fraudulent pretenses, representations of promises any of the money or property owned by, or under custody or control of, any Federal or State program.

B. Responsibility

Community Mental Health Services of Muskegon County Board of Directors has designated a Corporate Compliance Advisor, who is responsible for oversight of the Corporate Compliance Program. The Corporate Compliance Advisor is responsible to:

1. Develop and implement policy, procedures and practices designed to ensure compliance with the requirements of the Plan and with Federal and State program requirements.
2. Train Board and staff members related to the requirements of the Corporate Compliance Plan.
3. Ensure adequate staff training on billing and chart documentation rules and regulations is held.
4. Conduct all investigations within thirty (30) days of the complaint. If it is not possible to complete the investigation due to the complexity of the investigation, a status report will be written at the end of the thirty (30) day period. An investigation will be completed within ninety (90) days.
5. Ensure adequate notifications are made to the CMHS Board of Directors, County Corporate Compliance Officer, Corporate Attorney, and/or Medicare and Medicaid programs.
6. Monitor the effectiveness of the Corporate Compliance Plan.
7. Report to the Board of Directors on an annual basis.
8. Ensure that employees and vendors have not been previously engaged in violations of law or other conduct inconsistent with an effective program.

The Corporate Compliance Advisor has in turn elected the use of the Risk Management Committee to:

1. Ensure that the organizational leadership shall: (a) be knowledgeable about the content and operation of the Compliance Plan; (b) perform their duties with

- due diligence; and (c) promote an organizational culture that encourages a commitment to compliance.
2. Review and propose all modifications to the Corporate Compliance Plan.
 3. Review all new programs, internal/external audit findings, changes in billing documentation rules, etc., to ensure that CMHS of Muskegon County remains in compliance.
 4. Review compliance issues and identify trends.

The Executive Director and other staff as appointed will:

1. Assist the Corporate Compliance Advisor in conducting investigations of complaints;
2. Review all investigations to ensure that proper procedures were followed, sufficient evidence was gathered and reviewed, appropriate conclusions were made, and appropriate actions were taken.

The Corporate Compliance Advisor has been required to certify in a Compliance History Statement that: (a) The Advisor has not been convicted of any crimes (other than traffic-related offenses); (b) has not had a professional license revoked or suspended; and (c) has not been sanctioned either personally or through an entity by the Medicare or Medicaid programs. The Corporate Compliance Advisor also has certified that he or she is committed to ensuring the success of the Program.

The functions of the Corporate Compliance Program of CMHS of Muskegon County are:

1. Contract Management System: Contractual service providers are reviewed on an annual basis. Corrective actions plans if required for compliance purposes are monitored to ensure implementation.
2. Billing Audits: Billing audits are done to ensure that documentation supports the billing to the Medicaid or other Federal health care program.
3. Quality Assurance Performance and Improvement Program: Ensures through a variety of mechanisms that quality of care is a key ingredient in the provision of services.
4. Utilization Management Program: Ensures through a variety of mechanisms that the appropriate level of care is provided to the consumer.
5. Chart Reviews: Thoroughness of clinical record documentation is reviewed with corrective action required when necessary.
6. Accreditation/External Review: CMHS of Muskegon County maintains accreditation with a national accreditation organization and is certified by the Michigan Department of Community Health.
7. Recipient Rights System: CMHS of Muskegon County adheres to State requirements for consumer rights, reviewing consumer incidents, complaints and confidentiality issues.
8. Human Resources: Education and licensure requirements are source verified. Criminal checks and education verification are the responsibility of the Human Resources Secretary. Verification of licensure and review of excluded providers is also the responsibility of the Human Resources Secretary.

C. Written Standards

1. Code of Ethics

Community Mental Health Services of Muskegon County has a Code of Ethics as part of its Mission and Vision Policy.

Each individual shall certify in writing that he or she has received, read, understood and will abide by the Code of Ethics. New employees shall receive the Code of Ethics and shall complete the required certification within two (2) weeks after becoming an employee.

The Risk Management Committee shall annually review the Code of Ethics to determine if revisions are appropriate and shall make necessary revisions based on such a review. Any such revised Code of Ethics shall be distributed within thirty (30) days of finalizing such changes. Individuals shall certify that they have received, read, understood, and will abide by the revised Code of Ethics within thirty (30) days of the finalization of such revisions.

CMHS of Muskegon County shall require in its contracts with Off-Site Contractor Providers that: (a) the contractors acknowledge CMHS of Muskegon County's Compliance Program and Code of Ethics; (b) the Corporate Compliance Plan (including the reporting hotline telephone number) will be provided either by CMHS of Muskegon County or the contracting entity to all Covered Individuals; and (c) the contractors obtain and retain (subject to review by CMHS of Muskegon County) signed certifications that each such individual has received, has read, and understands the CMHS of Muskegon County's Code of Ethics and agrees to abide by the requirements of the CMHS of Muskegon County's Corporate Compliance Program.

2. Policies and Procedures that Address Compliance

- a. Mission, Vision, Values and Ethics Statement (01-004)
- b. Completion of Initial Competency, Assessments, Evaluations and Staff Training (02-009)
- c. Hiring Process (02-010)
- d. Verification of License, Certification or Registration of CMH Professional Employees and Contracted Professional Providers (02-011)
- e. Clinical Supervision (02-015)
- f. Privileging of Licensed Independent Practitioner (02-017)
- g. Documenting/Billing for Contract Psychiatric/Prescribers Time and Services (03-002)
- h. Screening, Orientation and Supervision of Community Mental Health Services Volunteers (02-007)
- i. Screening, Orientation, Supervision and Processing of Student Observers/Interns (02-008)
- j. Financial Tracking of Contract Payments (03-009)
- k. Billing Audit (03-015)
- l. Recipient Rights Policies (04-001 through 04-028)
- m. Workforce Development (02-016)
- n. Integrated Services: Co-occurring Admission, Assessment, Treatment and Discharge (06-014)
- o. Clinical Documentation Standards (06-015)

- p. Clinical Practice Guidelines (06-017)
- q. Clinical Chart Review (09-003)
- r. CMH Contracts/Lease Agreements (10-001)
- s. Medical Staff Peer Review Protocol (12-003)
- t. County of Muskegon Anti-Harassment Policy (13-002)
- u. Quality Assessment and Performance Improvement (09-001)
- v. Medication Errors and Medication Documentation Errors (06-008)

3. Policies and Procedures for LBHA Affiliates that Address Compliance

CMHS of Muskegon County is the PIHP and Affiliate of the Lakeshore Behavioral Health Alliance. The following policies are listed below and required for all Affiliate members:

- a. Clinical and Support Services Documentation (10-011)
- b. Provider Conflict of Interest (10-005)
- c. Provider/Contractor Business and Financial Status (10-006)
- d. Procurement of Services (20-016)
- e. Behavioral Health Services Contract Requirements (20-018)
- f. Selection of a Procurement Strategy (03-016)
- g. Claims Verification (20-023)
- h. Monitoring of Civil and Criminal History of Providers (20-028)
- i. Credentialing and Recredentialing of Providers (10-004)
- k. Provider Sanctions by Affiliates (20-040)
- l. Affiliation Medicaid Claims Verification (20-043)
- m. RFPs for Multiple Affiliates: Development/Release and Scoring (20-044)
- n. Affiliate Healthcare Practitioner Discretions (20-042)
- o. Regulatory Management (20-020)
- p. Claim Payment and Data Collection Procedure (20-003)
- q. Security Policy (Health Insurance Portability and Accountability Act of 1996), (20-004)

4. Policies and Procedures that Address Privacy and Security of Health Care Information

- a. Computer Operations: Use of Hardware (05-001)
- b. Computer Operations: Use of Software (05-002)
- c. Client Record Retention (05-003)
- d. Agency Forms (05-004)
- e. Client Record Security (05-005)
- f. Client Record Tracking Procedure (05-006)
- g. Computer System Planning (05-007)
- h. Authentication and Modification of Documents in the Clinical Record (05-008)
- i. Submission and Data Entry Guidelines for Service Activity (05-009)
- j. Order of Clinical Record/Filing of Documents in the Clinical Record (05-010)
- k. Opening U.S. Mail and Distribution (05-011)
- l. Computer Usage: Internet (05-012)
- m. Computer Usage: E-Mail (05-014)
- n. Accuracy and Monitoring of Data Entry into the Agency's Information System (05-015)
- o. Clinical Record and Document Storage (05-016)

- p. Telephone and Voice Mail Communications (05-017)
- q. Creation and Maintenance of CMHS Website (05-019)

II. Education/Training

A. Corporate Compliance Plan

The Corporate Compliance Advisor shall see to the distribution of the Plan to every CMHS of Muskegon County employee. Within one (1) week of receiving the Plan, each employee must sign and return the Acknowledgement Statement (**See Attachment A**). The Acknowledgement Statement verifies that:

1. The employee has received the Plan.
2. The employee has read the Plan.
3. The employee agrees to participate fully in the Corporate Compliance Program.
4. The employee agrees to report any lack or potential lack of compliance with Federal and State programs of which he or she is aware.

The Human Resources Secretary shall monitor the return of the Acknowledgement Statements from all employees and see to its placement in each employee's personnel file. If an employee does not in good faith return an Acknowledgement Statement within the prescribed time, the Corporate Compliance Advisor will notify the supervisor in order that the supervisor can take appropriate disciplinary action.

B. Initial Training

The Corporate Compliance Advisor shall see to the development and scheduling of initial training for all CMHS of Muskegon County employees in Corporate Compliance requirements. Employees are encouraged to ask questions throughout the training process so as to satisfy themselves that they understand the standards and procedures of the Program. Employees shall receive initial training as part of their new employee orientation for all new employees or at the training sessions held routinely throughout the year.

Upon completion of the initial training sessions, each employee shall take a test that measures the competence of the employee related to understanding the basic fundamentals of the Corporate Compliance Program. The test will be maintained in a file held by the Corporate Compliance Advisor. The Training Department of CMHS of Muskegon County will hold records of attendance at the training.

C. Continuing Education

The Corporate Compliance Advisor shall continuously review all health care fraud alerts issued by the Office of Inspector General, Department of Health and Human Services, and other newly released discussion of compliance issues.

The Corporate Compliance Advisor/Designee shall provide training on an as needed basis so that the CMHS of Muskegon County employees shall be familiar with any amendments to the Office of Inspector General or other Federal and State requirements. Upon completion of the updates, the record of training will be forwarded to the Training Department of CMHS of Muskegon County. Off-Site Contracted

Providers will be required to provide documentation that its employees have completed the training.

The Corporate Compliance Advisor will ensure that training materials are available as well as any other materials that can address questions that the employees may raise.

III. REPORTING OF AND RESPONSE TO VIOLATIONS

A. Reporting

If an employee becomes aware of any wrongdoing under the standards set forth in the Corporate Compliance Plan, whether committed by that employee or someone else, he or she must report the wrongdoing to the Corporate Compliance Advisor. Any information related to a corporate compliance complaint will become part of a record that is protected through Client/Attorney privilege as the Corporate Compliance Program may include investigations of conduct that may raise legal concerns, peer review and risk management, or in anticipation of potential litigation.

An employee or Off-Site Contracted Provider may contact the Corporate Compliance Advisor through one of the methods described below:

Telephone

Upon receiving a call to report potential wrongdoing, the Corporate Compliance Advisor will complete a telephone report of the complaint (**See Attachment B**). The Corporate Compliance Advisor can be reached at 231-724-6055. Any employee may make a report anonymously. If the employee chooses to use this option, the employee must provide enough information so that an investigation can be successfully completed. If the Corporate Compliance Advisor cannot conduct a successful investigation because of lack of information, the case may be closed.

Internal Mail

A written reporting form shall be available at all times for staff to disclose wrongdoings (**See Attachment C**). All information should be complete and submitted through internal mail to the Corporate Compliance Advisor. Employees are encouraged to disclose their identity, but may choose to remain anonymous. If the employee chooses to remain anonymous, they must provide enough information so that an investigation can be successfully completed or the case will be closed.

Voice Mail

A voice mailbox is available. The telephone number to call to leave a message is (231) 724-6575. The Corporate Compliance Advisor will check the voice mail on a daily basis in order to receive and process complaints promptly. The Corporate Compliance Advisor shall document reports made by voice mail through use of the telephone reporting forms.

Electronic Mail

An internal electronic mailbox, "Corporate Mail" has been established. Upon receiving a report by electronic mail, the Corporate Compliance Advisor shall log all reports

received. These reports shall be retained in the same way the Corporate Compliance Advisor retains reports received through other methods.

The Corporate Compliance Advisor will make every effort to keep reports as confidential as possible through the designation of "Attorney-Client Privilege" on the documents.

If a report is filed in regard to the Corporate Compliance Advisor, it should be directed to the Executive Director. The Executive Director and the Board of Directors shall consult legal counsel as appropriate. The Executive Director will conduct an investigation of the Corporate Compliance Advisor and make recommendations to the Board of Directors. If a report is filed in regard to the Corporate Compliance Advisor and the Executive Director, the report should be forwarded to the Corporate Compliance Officer of the County. The County Corporate Compliance Officer shall consult with legal counsel and the Board of Directors. Legal counsel and the Chairman of the Board of Directors shall jointly conduct the investigation.

B. Response

Upon receiving a telephone or written report of a wrongdoing under the Corporate Compliance Program, the Corporate Compliance Advisor shall initially send a memorandum to the staff member reporting the incident. Unless circumstances dictate otherwise, this will be the only information provided to the reporting staff member. The Corporate Compliance Advisor shall determine whether an alleged wrongdoing has occurred as defined in the Code of Ethics or the Corporate Compliance Plan. If the Corporate Compliance Advisor determines that the complaint does not meet the criteria of a corporate compliance complaint, the Corporate Compliance Advisor will notify the complainant within ten days of receipt of the complaint.

The Corporate Compliance Advisor will determine whether the alleged wrongdoing is:

1. a violation of the Corporate Compliance Plan,
2. a violation of the Code of Ethics,
3. a violation of Federal or State law, or
4. places CMHS of Muskegon County at risk of economic injury or injury to reputation.

The Corporate Compliance Advisor will conduct the appropriate investigation into the incident within thirty (30) days of the complaint. If the investigation cannot be completed within the timeframe due to the complexity of the subject, a status report will be placed within the file. A Summary Report for each complaint will be completed during the timeframe.

The Summary report will include recommendations for program changes. Corrective actions that have been identified must be addressed within thirty (30) days of the report.

If the Corporate Compliance Advisor, Executive Director, and legal counsel conclude that reporting to governmental authorities is or may be appropriate, they shall inform the CMHS Board of Directors immediately. The Executive Director, in consultation with the CMHS Board of Directors and legal counsel shall then be responsible for determining whether and how a timely and thorough report shall be made to the appropriate governmental authorities on behalf of CMHS of Muskegon County.

The Corporate Compliance Advisor shall make modifications to the Program as needed to help prevent violations similar to any detected throughout the reporting system. The Corporate Compliance Advisor will report at least on an annual basis to the CMHS of Muskegon County Board of Directors related to the allegations of wrongdoing, the results of subsequent investigations and related disciplinary and/or remedial actions taken and any corrective actions taken to prevent future wrongdoings.

C. Retribution

CMHS of Muskegon County shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under either the Michigan False Claims Act and/or other under Federal health care statutes or because the employee cooperates with or assists in an investigation under the respective False Claims Act.

IV. AUDITING AND MONITORING

The following monitoring activities are in place to enforce compliance standards:

- A. Contract monitoring: Findings from audits will result in the submission of a corrective action plan. Fraudulent activities may result in termination of a contract.
- B. Chart reviews: Findings will be shared with the program supervisor who in turn can share the findings with the employee. Documentation is a required competency for clinical staff. Recurrent inadequacies will be grounds for discipline.
- C. Billing Audits: Billing audits will be done on a monthly basis. Any billing errors will be corrected, or if this is not possible, the amount billed to the Medicaid program will be reimbursed.
- D. Medication Audits: Records will be reviewed to assure proper documentation of medication services, side effects, and lab tests. System reviews are done by a licensed pharmacist.
- E. Supervisory Review of Charts: Supervisors will review a sample of their staff's records and address deficiencies with the individuals.
- F. Licensing and Credentialing: The Human Resource Secretary will review all clinical staff licenses and credentials on an annual basis and will submit that information to the Compliance Review Supervisor.
- G. Privileging: The Network Management Department and Clinical Program Supervisor will coordinate a review of all Licensed Independent Practitioners and present information to the Board of Directors pursuant to contract renewal requirements.
- H. Certifications and Accreditation: CMHS of Muskegon County will maintain necessary compliance with all Michigan Department of Community Health requirements and will maintain its accreditation status.

- I. The Corporate Compliance Advisor shall review the Plan annually and revise the Plan as needed. The Corporate Compliance Advisor shall distribute to each employee a copy of all revisions. Each employee shall be required to sign and return an Acknowledgement Statement to the Corporate Compliance Advisor within one (1) week of such distribution.

V. RECORDS

CMHS of Muskegon County will retain records in accordance with all applicable laws. However, many records related to the Corporate Compliance Program, including consumer records, are required by law to be confidentially maintained. Any employee faced with a request by someone outside CMHS of Muskegon County to obtain such records must contact the Corporate Compliance Advisor and Executive Director before releasing any records. In most situations, CMHS of Muskegon County will require a subpoena or other court order authorizing and requiring the release of records.

VI. ENFORCEMENT

Employees with a history of poor business practice and employees who have exhibited fraudulent practices will be placed under the disciplinary process. This process will be consistent with all Muskegon County policies.

Contractual agencies, if involved in fraudulent behavior, may have their contracts immediately terminated, unless a suitable correction action is taken to address the behavior by the leadership of the contract agency.

VII. GOALS AND OBJECTIVES

The goals and objectives of the Corporate Compliance program are:

- A. To ensure that the Agency complies with all Federal and State statutes.
- B. Review the Corporate Compliance Program annually.
- C. Provide an annual report to the Board of Directors.
- D. Monitor the results of the Medicaid Verification Audits pursuant to CMHS of Muskegon County policies.

Community Mental Health Services of Muskegon County

**Attorney-Client Privileged
Attorney Work Product**

Corporate Compliance Written Report

Case Identification Code: _____ *(Leave Blank)*

Date Report Initially Filed: _____

Staff Completing Report: _____ *(Optional)*
(Use 4-digit ID # if filing anonymously)

Instructions:

Staff are encouraged to use their name when filing a Corporate Compliance report, but it is not required. Complete information above. Please use a 4-digit identification number in place of your name if filing anonymously. Leave Case Identification Code blank. The Corporate Compliance Advisor will assign this number after reviewing the report. Describe details of the report in the space below. Be as specific as possible concerning names, dates, description of the problems, etc. Attach additional sheets of paper as necessary. When completed, submit report to the Corporate Compliance Advisor.

Employee(s)/Department the Complaint is in Regards:

Dates/Period Incident(s) Occurred:

How the Complaint was Identified:

Signature:
(Optional)

Staff Completing the Report

Date



Community Mental Health Services **of Muskegon County**

Mission: To improve the quality of life for individuals with behavioral health needs through quality services, consumer involvement, community collaboration, and resource management.

Vision: We will be a community leader in planning and managing services for individuals with behavioral health needs through best practice and shared resources to promote health, recovery, and support.

CMH of Muskegon

April 28, 2014

Community Mental Health
Board of Directors

Executive Director

Julia Rupp (B01001/7705)

Medical Director

Gregory Green, M.D. (X53801/7323)

Director of Clinical Services

Stacey Cornett (X29301/7705)

Chief Operating Officer

Dave Parnin (X19301/7705)

Director of Program
Evaluation & Best Practices

Vacant (X29501/7705)

Network Manager

Contracts and Agreements

Judy Cohen (X56501/7702)

Recipient Rights Officer

Garland Kilgore (X81501/7705)

CMH Administrative Secretary

Joy Vander Ven (N19401/7705)

Projects Manager

Vacant (X72301/7705)

Mental Health Chief Financial Officer

Tom Best (X54201/7706)

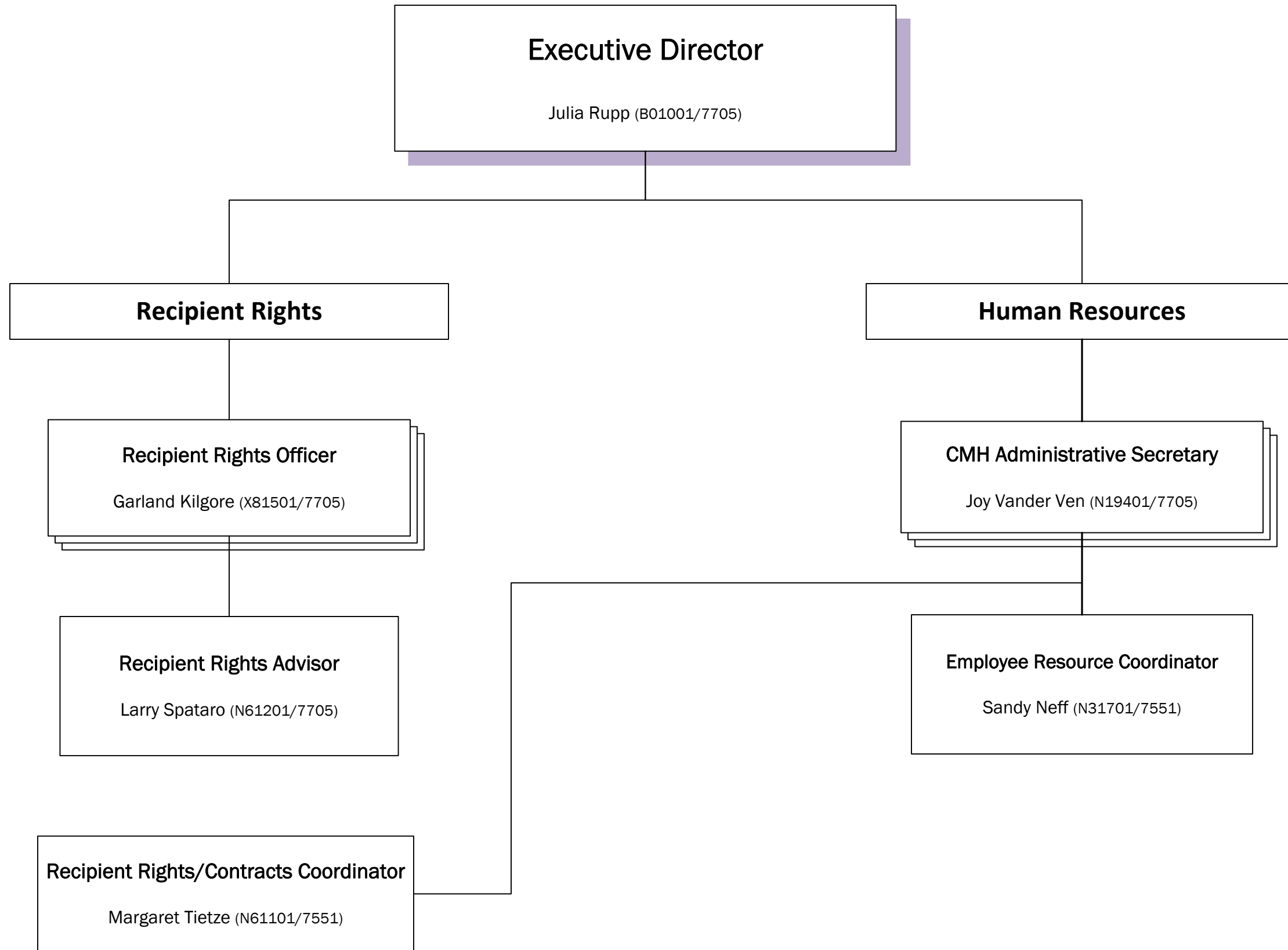
Mental Health Chief Information Officer

Dave McElfish (X54101/7703)

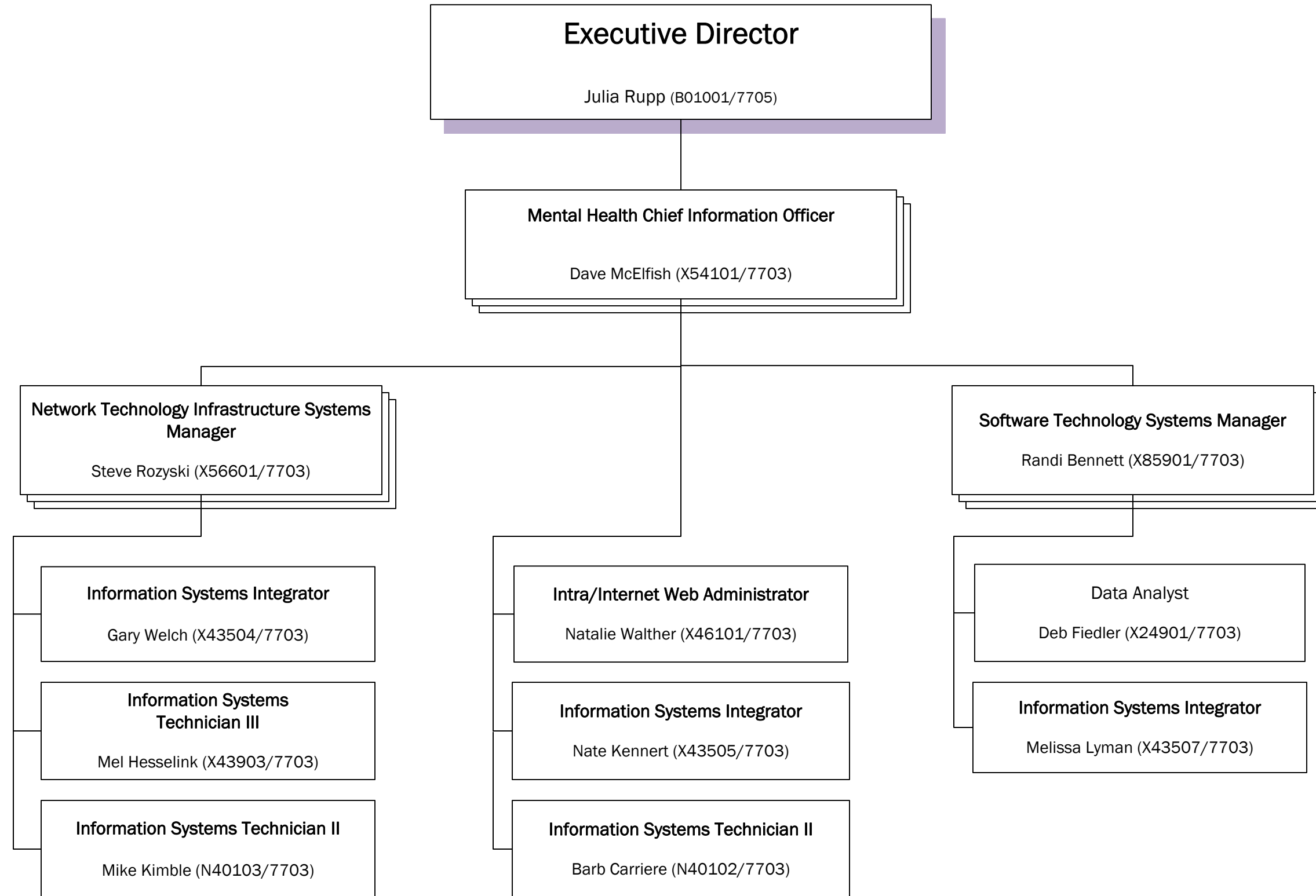
Access & Correctional Services
Manager

Pam Beane
(X00801/7043, 7147, 7330, 7701)

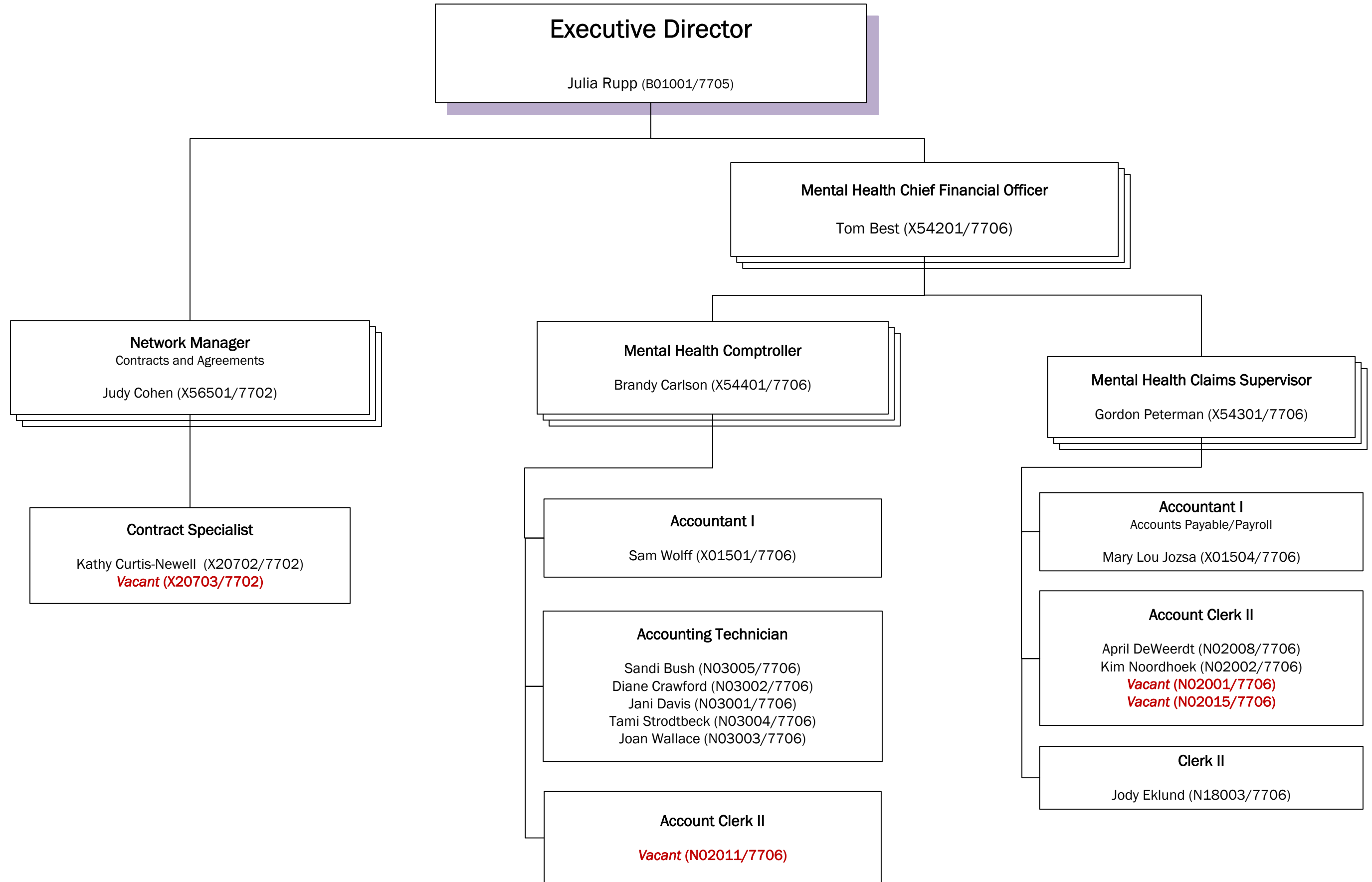
Administration



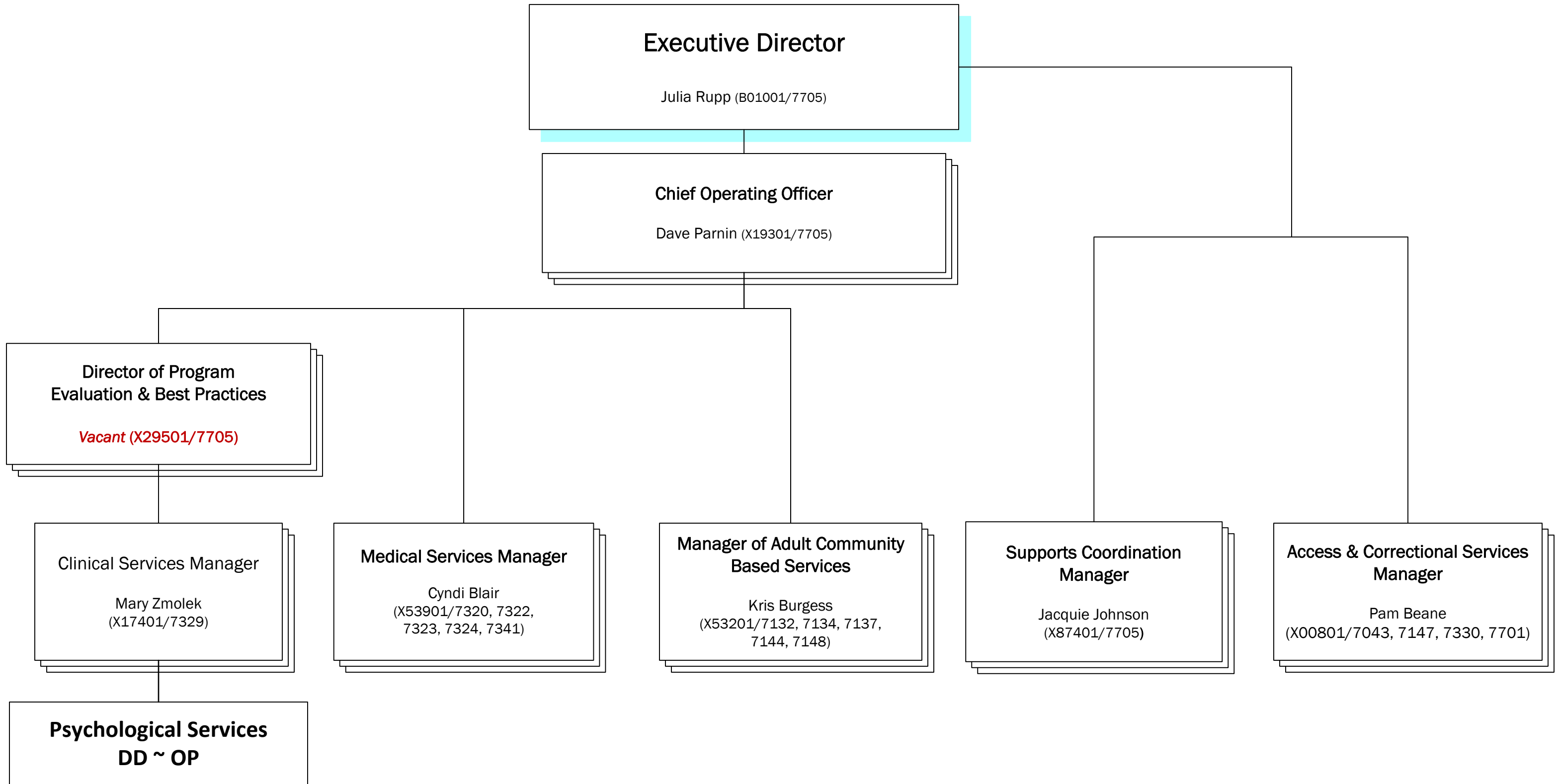
Administration/Information Systems



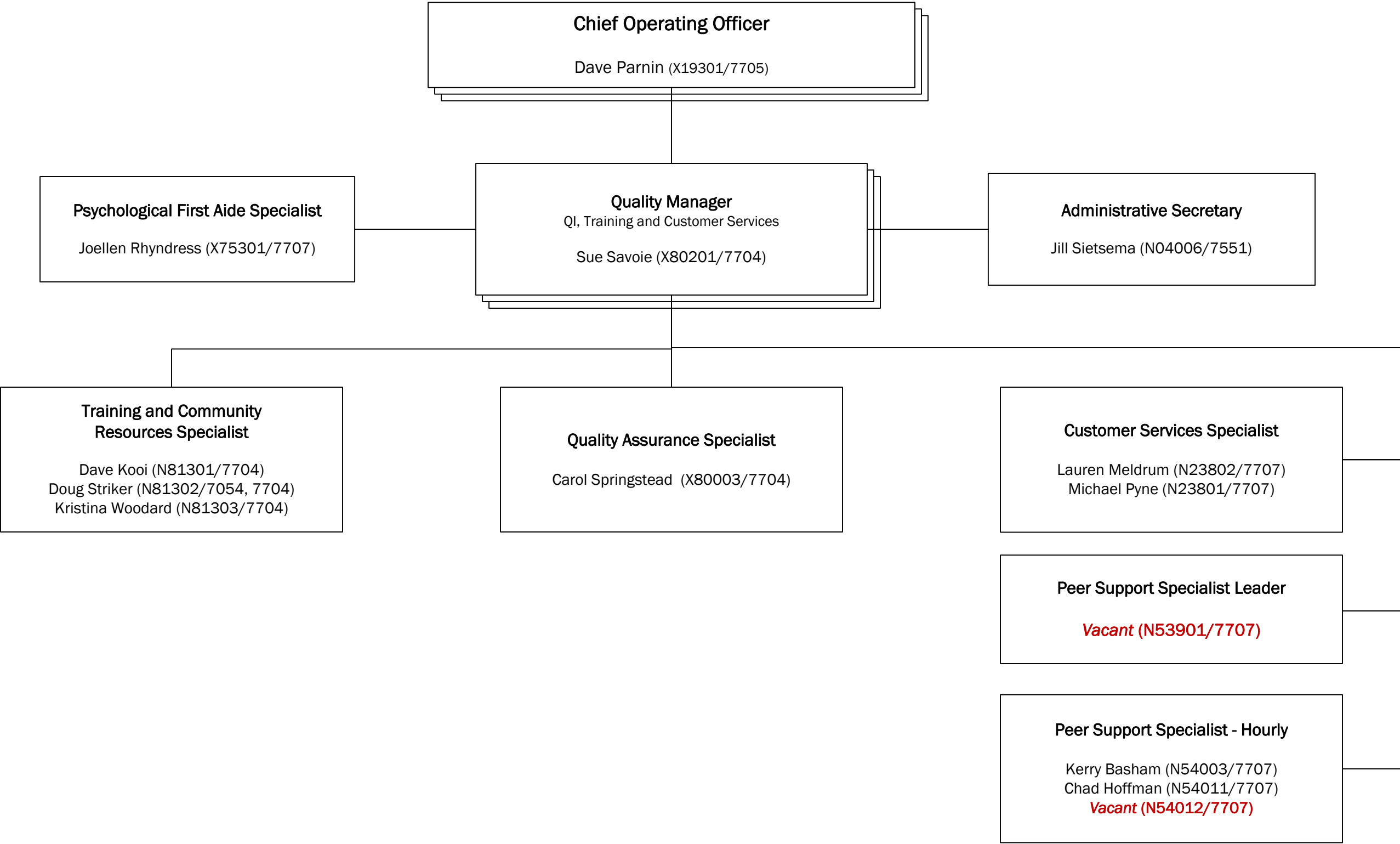
Administration/Network and Finance



Programs and Services



Programs and Services



Clinical Services

Access & Correctional Services Manager
Pam Beane (X00801/7043, 7147, 7330, 7701)

MI ADULT SUPPORTS COORDINATION

Clinical Services Supervisor II/Adult CBS-MI
Linda Draft (X16302/7147)

Clinical Services Supervisor II/Adult CBS-MI
Blyth Pierce (X16301/7147)

Access Supervisor
Vacant (X00901/7330, 7701)

Correctional Services Supervisor
Vacant (X21101/7043)

Supports Coordinator/MI
Jo Blohm (X87203/7147)
Mike Cavalier (X87207/7147)
Laurie Crowell (X87209/7147)
Melissa DeAugustine (X87208/7147)
Patty Mapes (X87222/7147)
Elizabeth Meisch (X87219/7147)
Valerie Vines (X87211/7147)
Jerry Zadel (X87224/7147)

Supports Coordinator/MI
Ben Barrett (X87216/7147)
Dave Gawron (X87206/7147)
Cait Meyer (X87205/7147)
Nate Peck (X87210/7147)
Alicia Petty (X87217/7147)
Stephanie Scheffler (X87221/7147)
Darice Stewart (X87201/7147)
Valerie Stewart (X87220/7147)
Lori Toman (X87213/7147)

EMERGENCY SERVICES

Emergency Services Therapist
Amanda Jonas (N31006/7330)
Joe Lihan (N31001/7330)
Anna Moss (N31004/7330)
Steve Weinert (N31002/7330)
Vacant (N31005/7330)

Masters Level Clinician
Vacant X53327/7330

Supports Coordinator/MI
Brigitte Dodge (X87225/7330)

Supports Coordinator Assistant
Vacant (N77806/7330)

ACCESS

Utilization Specialist
Carrie Crummett (X92101/7701)
Andrea Rosema (X92105/7701)
Kimberly Shaw (X92103/7701)

Youth Access Specialist
Amelia Reelman (X96901/7701)
Breanne Roberts (X96902/7701)

MPRI Initiative

Supports Coordinator/MI
Chad Earnest (X87226/7043)

Jail Diversion

Jail Diversion Coordinator
Vacant (N40801/7043)

Family Court Navigator
Amy Smith (X37401/7043)

Jail Services Support Coordinator
Dan Scanlan (X44901/7043)

Correctional Services Liaison
Heather Wiegand (X20901/7043)

Supports Coordinator Assistant
Vacant (N77807/7043)

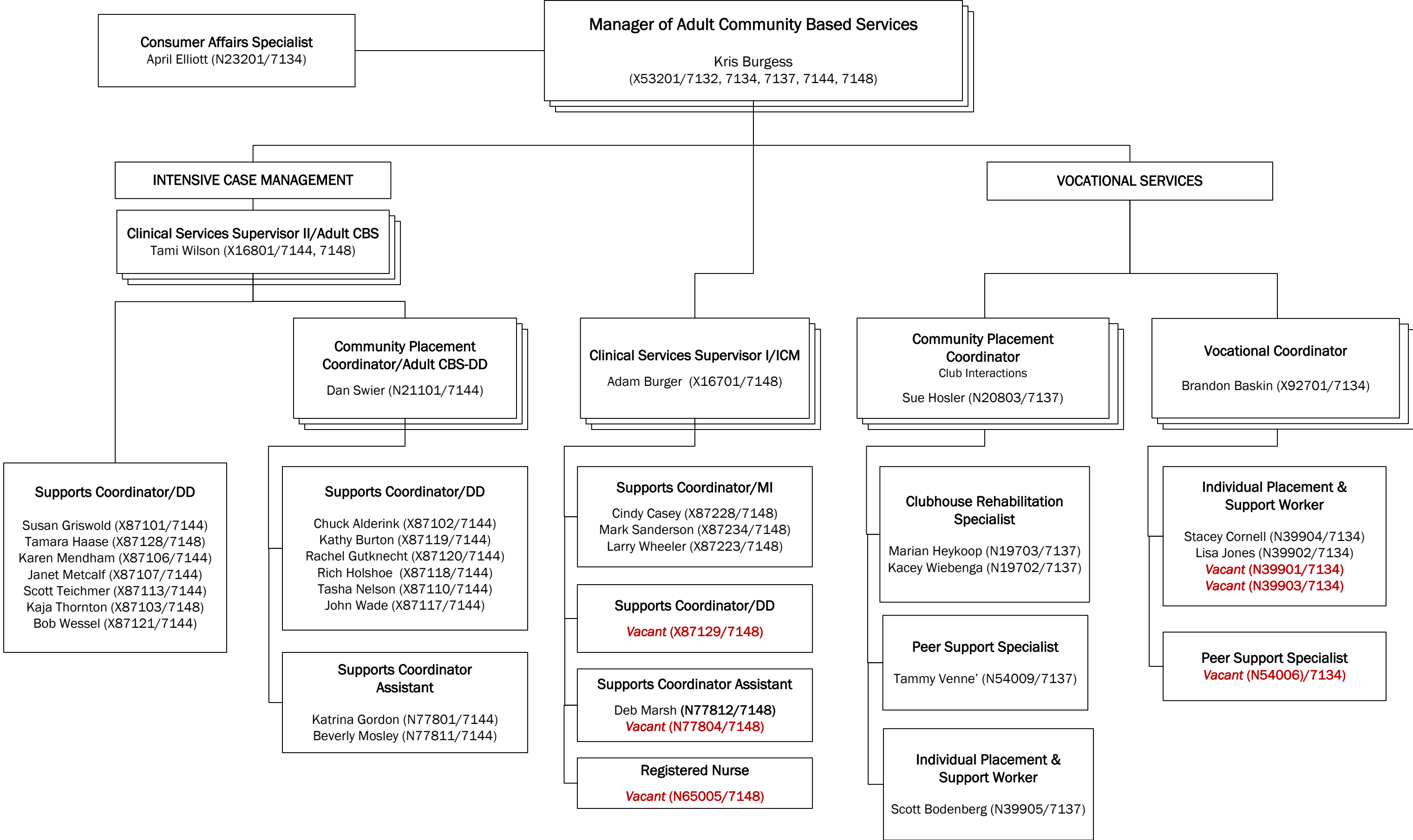
Supports Coordinator Assistant
Evelyn Harris (N77802/7147)
Shannon Woodwyk (N77809/7147)

Supports Coordinator Assistant
Francisca Aguilar (N77810/7147)
Linda Closz (N77805/7147)

Housing Specialist
Deb Ballard (X43101/7147, 7327)

Peer Support Specialist
Vacant (N54004/7147)

Adult Community Based Services



Consumer Affairs Specialist
April Elliott (N23201/7134)

Manager of Adult Community Based Services
Kris Burgess
(X53201/7132, 7134, 7137, 7144, 7148)

INTENSIVE CASE MANAGEMENT

VOCATIONAL SERVICES

Clinical Services Supervisor II/Adult CBS
Tami Wilson (X16801/7144, 7148)

Community Placement Coordinator/Adult CBS-DD
Dan Swier (N21101/7144)

Clinical Services Supervisor I/ICM
Adam Burger (X16701/7148)

Community Placement Coordinator
Club Interactions
Sue Hosler (N20803/7137)

Vocational Coordinator
Brandon Baskin (X92701/7134)

Supports Coordinator/DD
Susan Griswold (X87101/7144)
Tamara Haase (X87128/7148)
Karen Mendham (X87106/7144)
Janet Metcalf (X87107/7144)
Scott Teichmer (X87113/7144)
Kaja Thornton (X87103/7148)
Bob Wessel (X87121/7144)

Supports Coordinator/DD
Chuck Alderink (X87102/7144)
Kathy Burton (X87119/7144)
Rachel Gutknecht (X87120/7144)
Rich Holshoe (X87118/7144)
Tasha Nelson (X87110/7144)
John Wade (X87117/7144)

Supports Coordinator Assistant
Katrina Gordon (N77801/7144)
Beverly Mosley (N77811/7144)

Supports Coordinator/MI
Cindy Casey (X87228/7148)
Mark Sanderson (X87234/7148)
Larry Wheeler (X87223/7148)

Supports Coordinator/DD
Vacant (X87129/7148)

Supports Coordinator Assistant
Deb Marsh (N77812/7148)
Vacant (N77804/7148)

Registered Nurse
Vacant (N65005/7148)

Clubhouse Rehabilitation Specialist
Marian Heykoop (N19703/7137)
Kacey Wiebenga (N19702/7137)

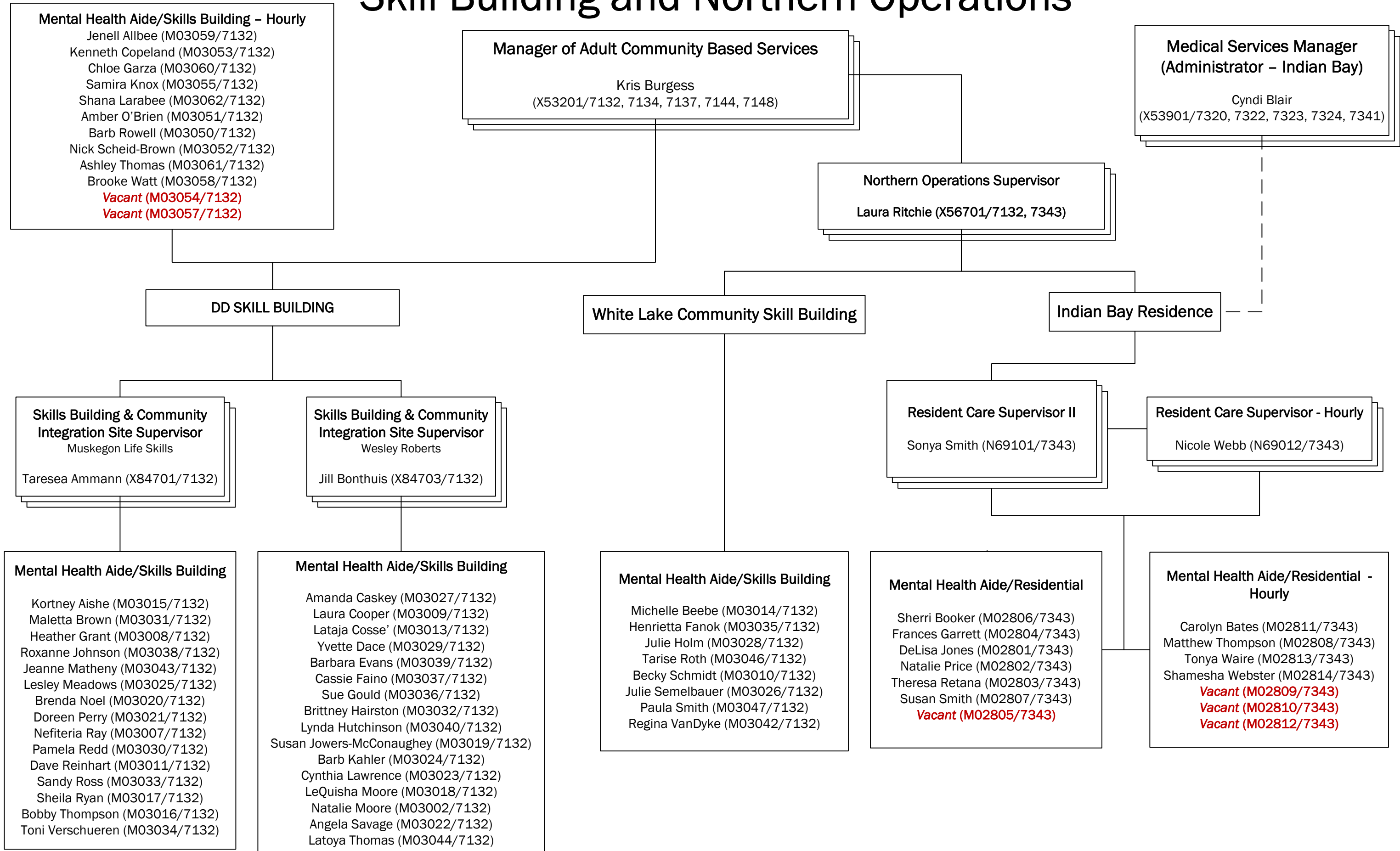
Peer Support Specialist
Tammy Venne' (N54009/7137)

Individual Placement & Support Worker
Scott Bodenber (N39905/7137)

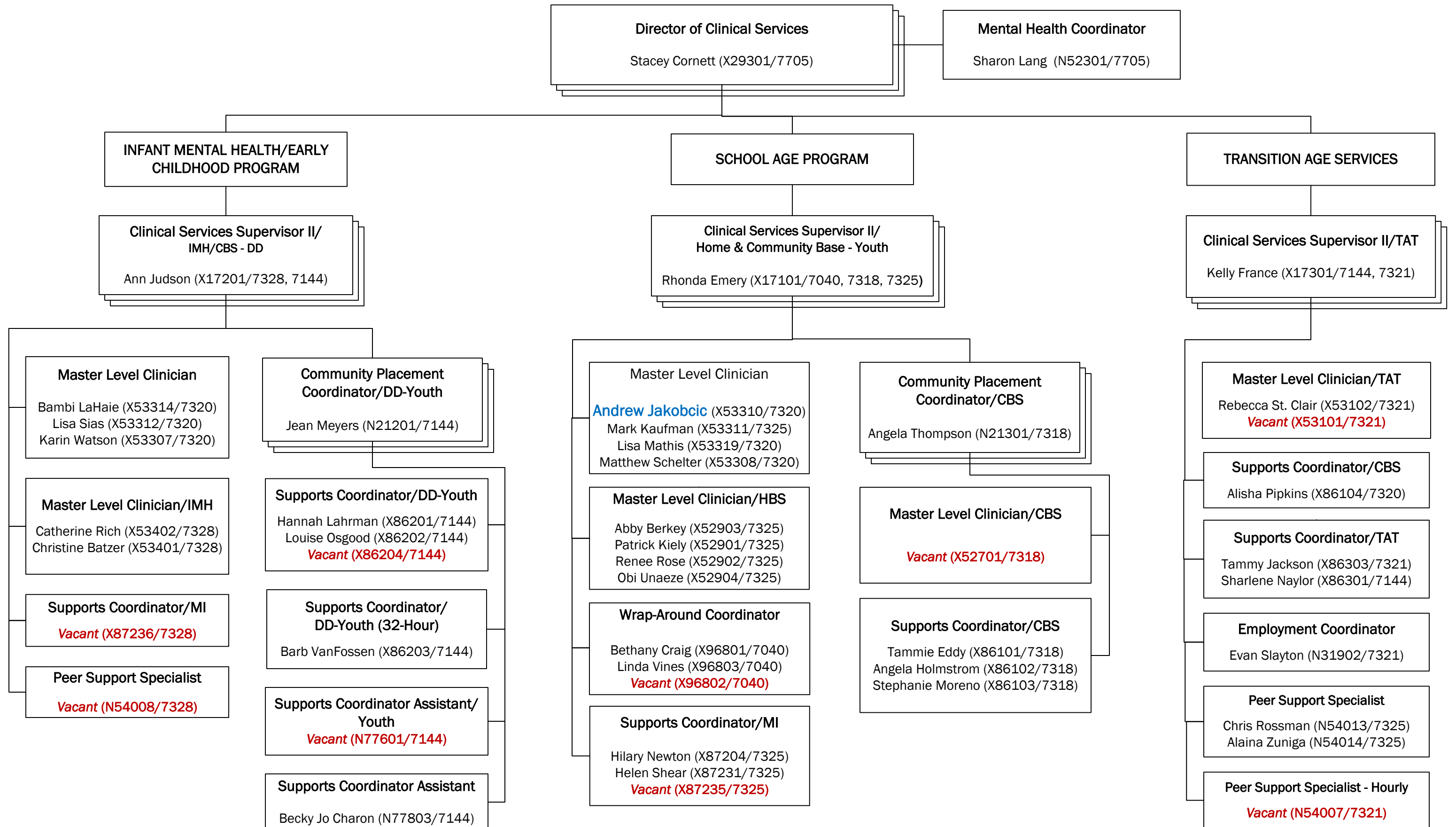
Individual Placement & Support Worker
Stacey Cornell (N39904/7134)
Lisa Jones (N39902/7134)
Vacant (N39901/7134)
Vacant (N39903/7134)

Peer Support Specialist
Vacant (N54006/7134)

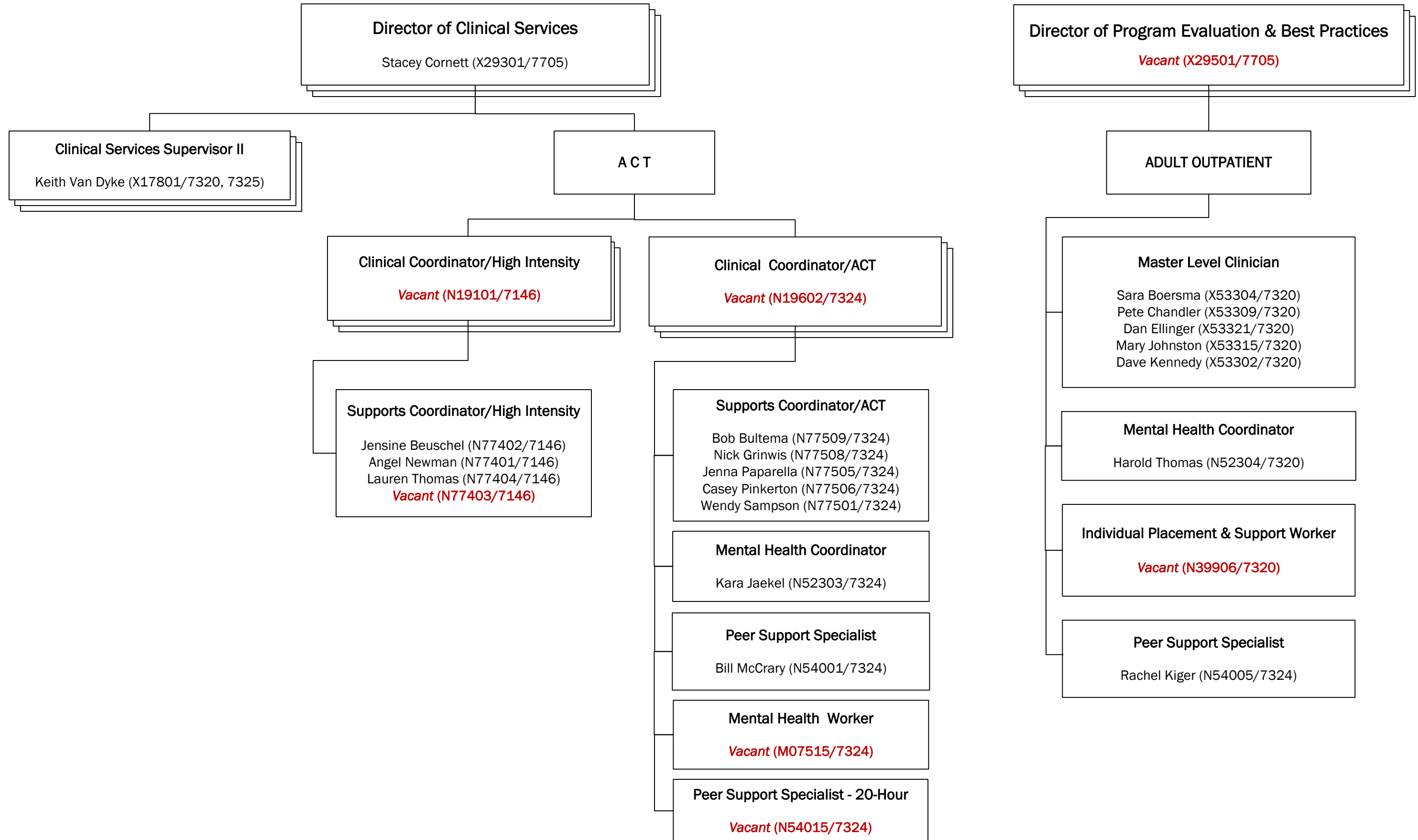
Skill Building and Northern Operations



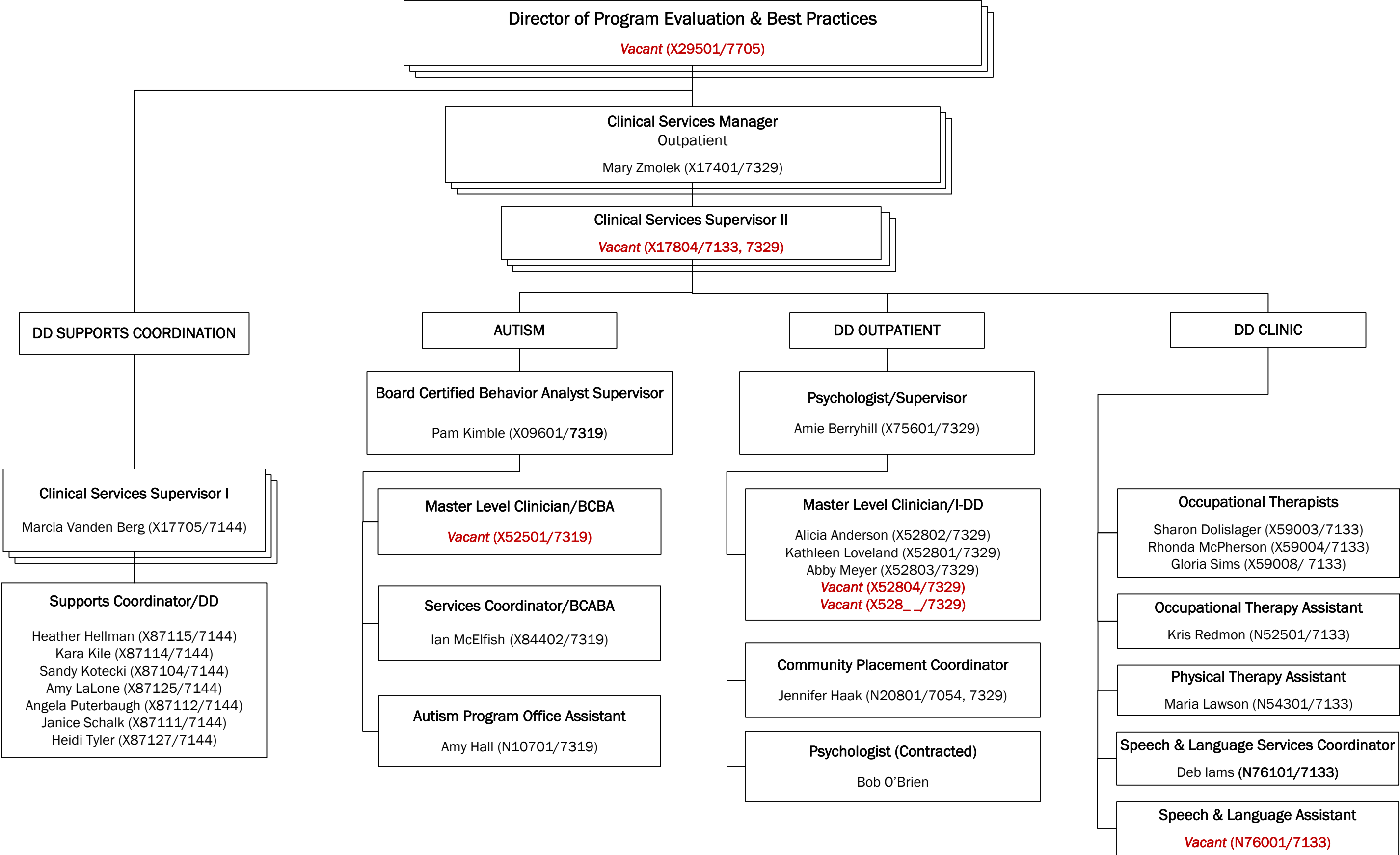
Outpatient and Children's Community Based Services



Outpatient and Children's Community Based Services



Psychological Services



Director of Program Evaluation & Best Practices

Vacant (X29501/7705)

Clinical Services Manager

Outpatient

Mary Zmolek (X17401/7329)

Clinical Services Supervisor II

Vacant (X17804/7133, 7329)

DD SUPPORTS COORDINATION

AUTISM

DD OUTPATIENT

DD CLINIC

Clinical Services Supervisor I

Marcia Vanden Berg (X17705/7144)

Supports Coordinator/DD

Heather Hellman (X87115/7144)
Kara Kile (X87114/7144)
Sandy Kotecki (X87104/7144)
Amy LaLone (X87125/7144)
Angela Puterbaugh (X87112/7144)
Janice Schalk (X87111/7144)
Heidi Tyler (X87127/7144)

Board Certified Behavior Analyst Supervisor

Pam Kimble (X09601/7319)

Master Level Clinician/BCBA

Vacant (X52501/7319)

Services Coordinator/BCABA

Ian McElfish (X84402/7319)

Autism Program Office Assistant

Amy Hall (N10701/7319)

Psychologist/Supervisor

Amie Berryhill (X75601/7329)

Master Level Clinician/I-DD

Alicia Anderson (X52802/7329)
Kathleen Loveland (X52801/7329)
Abby Meyer (X52803/7329)

Vacant (X52804/7329)

Vacant (X528_/_/7329)

Community Placement Coordinator

Jennifer Haak (N20801/7054, 7329)

Psychologist (Contracted)

Bob O'Brien

Occupational Therapists

Sharon Dolislager (X59003/7133)
Rhonda McPherson (X59004/7133)
Gloria Sims (X59008/7133)

Occupational Therapy Assistant

Kris Redmon (N52501/7133)

Physical Therapy Assistant

Maria Lawson (N54301/7133)

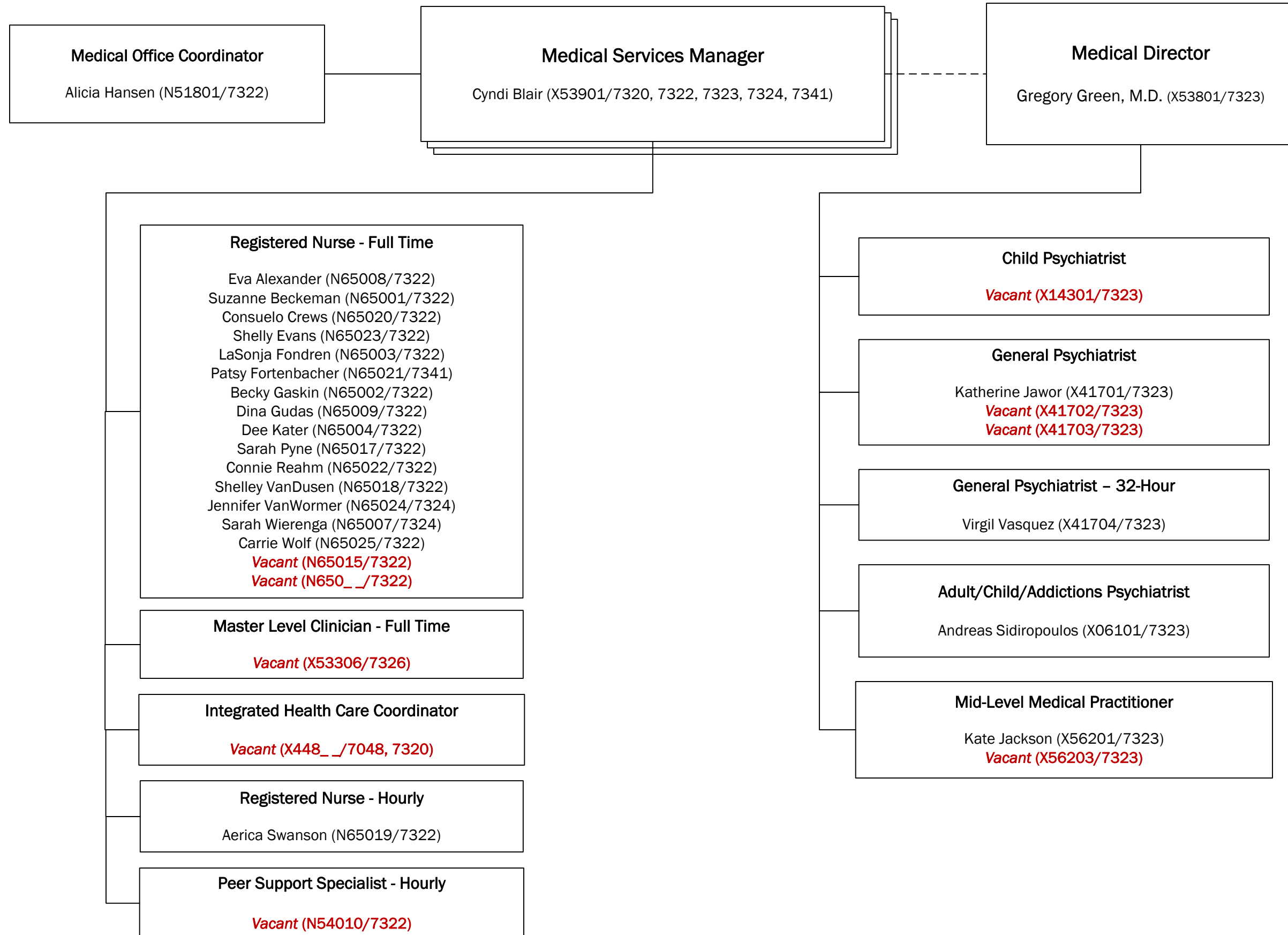
Speech & Language Services Coordinator

Deb Iams (N76101/7133)

Speech & Language Assistant

Vacant (N76001/7133)

Psychiatric Services



Residential Services

Residential Services Manager
Vacant (X82701/7341, 7343)

Master Level Clinician
Lisa Joslyn
(X53317/7341)

**Medical Services Manager
(Administrator - Brinks)**
Cyndi Blair
(X53901/7320, 7322, 7323, 7324, 7341)

Mental Health Medical Records Specialist
Courtney Reenders (N52102/7341)
Lisa VanderLee (N52101/7341)

Crisis Stabilization Supervisor
Cathie Payment
(N23601/7341)

Crisis Stabilization Operations Supervisor
Laura Reynolds (X24401/7341)

Licensed Practical Nurse
Yvonne Alexander (N49201/7341)

Supports Coordinator/MI
Jason Wrage (X87227/7341)
Vacant (X87215/7341)

Peer Support Specialist - Hourly
Vacant (N54002/7341)

Resident Care Supervisor - Full Time
April Howell (N69003/7341)
Gretchen Langston (N69008/7341)
Ken Primmer (N69001/7341)
JoAnn Thompson (N69007/7341)

Resident Care Supervisor - Hourly
Lance Decker (N69005/7341)
William Friend (N69011/7341)
Vacant (N69002/7341)
Vacant (N69004/7341)

Mental Health Worker-Full Time
Cameron Johnson (M07505/7341)
Katie Nearanz (M07516/7341)
Ruetonya Smith (M07503/7341)
Trina White (M07506/7341)
Vacant (M07502/7341)
Vacant (M07504/7341)
Vacant (M07507/7341)

Mental Health Worker - Hourly
Stanley Bracey (M07509/7341)
Laresa Burt (M07508/7341)
Betty Cheeks (M07518/7341)
Rikki Crosby (M07519/7341)
Marie Horn (M07512/7341)
Rachel Latsch (M07520/7341)
Vacant (M07501/7341)
Vacant (M07510/7341)
Vacant (M07511/7341)
Vacant (M07513/7341)

Support Systems

Chief Operating Officer

Dave Parnin (X19301/7705)

Client Information Manager

Kathy Fremd (X16501/7551)

Secretary

Joyce Rhodes (N71003/7551)

Property Specialist

Mike Schaner (N55601/7705)

Clerical Supervisor

Vacant (N17003/7551)

Client Information Supervisor

Lori Kreuter (N19201/7551)

Property Specialist Assistant

Vacant (N55901/7705)

**Building Maintenance
Mechanic I**

Nathan Cornett (G12201/7705)

Mental Health Medical Records Specialist

June Barber (N52107/7551)
Julie Glover (N52111/7551)
Judy Locmelis (N52108/7551)
Linda Peterson (N52103/7551)
Gina Schaner (N52117/7551)
Vacant (N52105/7551)

**Consumer Information Specialist/
Relationships Coordinator**

Stacie Petersen (N23301/7551)

**Mental Health Front Desk Coordinator/
Office Assistant**

Sheri Corgan (N51905/7551)
Amy Rennells (N51903/7551)
Missy Ruch (N51904/7551)

Delivery Person

Vacant (N25002/7551)

Mental Health Medical Records Specialist

Cindy Ballew (N52104/7551)
Jacqui Cole (N52110/7551)
Cyndy Hershey (N52112/7551)
Mary Johnson (N52118/7551)
Ginger Martinez (N52106/7551)
Julie Pappuleas (N52114/7551)
Tracy Vanderlaan (N52115/7551)
Kim Wallenstein (N52109/7551)
Shelly Way (N52113/7551)
Vacant (N52116/7551)

**Mental Health Front Desk Coordinator/
Office Assistant**

Anne Winteringham (N51901/7551)
Vacant (N51902/7551)

MENTAL HEALTH MEDICAID SPECIALTY SUPPORTS AND SERVICES DESCRIPTIONS

Note: If you are a Medicaid beneficiary and have a serious mental illness, or serious emotional disturbance, or developmental disability, or substance use disorder, you may be eligible for some of the Mental Health Medicaid Specialty Supports and Services listed below.

Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. You need to know that not all people who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your Community Mental Health will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the person-centered planning process, you will be helped to determine the medically necessary services that you need and the sufficient amount, scope, and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an individual plan of service that provides all of this information.

In addition to meeting medically necessary criteria, services listed below marked with an asterisk * require a doctor's prescription.

Note: The Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The Manual may be accessed at:

www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf.

Assertive Community Treatment (ACT) provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide mental health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational, and vocational activities.

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments except for physical health, conducted to determine a person's level of functioning and mental health treatment needs.

*Assistive Technology includes adaptive devices and supplies that are not covered under the Medicaid Health Plan or by other community resources. These devices help individuals take better care of themselves, or to better interact in the places where they live, work, and play.

Behavioral Management Review: If a person's illness or disability involves behaviors that they or others who work with them want to change, their individual plan of services may include a plan that talks about the behavior. This plan is often called a "behavior management plan". The behavior management plan is developed during person-centered planning and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified, and continues to meet the person's needs.

Clubhouse Programs are programs where members (consumers) and staff work side by side to operate the Clubhouse and to encourage participation in the greater community. Clubhouse programs focus on fostering recovery, competency, and social supports, as well as vocational skills and opportunities.

Community Inpatient Services are hospital services used to stabilize a mental health condition in the event of a significant change in symptoms, or in a mental health emergency. Community hospital services are provided in licensed psychiatric hospitals and in licensed psychiatric units of general hospitals.

Community Living Supports (CLS) are activities provided by paid staff that help adults with either serious mental illness or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or serious emotional disturbance).

Crisis Interventions are unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events on mental health and well-being.

Crisis Residential Services are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

*Enhanced Pharmacy includes doctor-ordered non-prescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage your health condition(s) when a person's Medicaid Health Plan does not cover these items.

*Environmental Modifications are physical changes to a person's home, car, or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety, or enable greater independence for a person with physical disabilities. Note that other sources of funding must be explored first, before using Medicaid funds for environmental modifications.

Extended Observation Beds (or 23-Hour Stay Units) are used to stabilize a mental health emergency when a person needs to be in the hospital for only a short time. An extended observation bed allows hospital staff to observe and treat the person's condition for up to one day before they are discharged to another community-based outpatient service or admitted to the hospital.

Family Skills Training is education and training for families who live with and/or care for a family member who is eligible for specialty services or the Children's Waiver Program.

Fiscal Intermediary Services help individuals manage their service and supports budget and pay providers if they are using a "self-determination" approach.

Health Services include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person's mental health condition. A person's primary doctor will treat any other health conditions. ~~they may have.~~

Home-Based Services for Children and Families are provided in the family home or in another community setting. Services are designed individually for each family, and can

include services such as mental health therapy, crisis intervention, service coordination, or other supports to the family.

Housing Assistance is assistance with short-term, transitional, or one-time-only expenses in an individual's own home that his/her resources and other community resources could not cover.

Intensive Crisis Stabilization is another short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and supported activities provided by a mental health crisis team in the person's home or in another community setting.

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) provides twenty-four (24)-hour intensive supervision, health, rehabilitative services, and basic needs to persons with developmental disabilities. The State of Michigan has one ICF/MR, Mt. Pleasant Center, which is located in Mt. Pleasant, MI.

Medication Administration is when a doctor, nurse, or other licensed medical provider gives an injection, or an oral medication, or a topical medication.

Medication Review is the evaluation and monitoring of medicines used to treat a person's mental health condition, their effects, and the need for continuing or changing their medicines.

Mental Health Therapy and Counseling for Adults, Children and Families includes therapy or counseling designed to help improve functioning and relationships with other people.

Nursing Home Mental Health Assessment and Monitoring includes a review of a nursing home resident's need for and response to mental health treatment, along with consultation to help increase these abilities.

*Occupational Therapy includes the evaluation by an occupational therapist of an individual's ability to do things in order to take care of themselves every day, and treatment to help increase these abilities.

Partial Hospital Services include psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services in a hospital setting, under a doctor's supervision. Partial hospital services are provided during the day – participants go home at night.

Peer-Delivered and Peer Specialist Services. Peer-delivered services such as drop-in centers are entirely run by consumers of mental health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain mental health treatment. Peer Specialist services are activities designed to help persons with serious mental illness with their individual recovery journey, and these services are provided by individuals who are in recovery from serious mental illness.

Personal Care in Specialized Residential Settings assists an adult with mental illness or developmental disabilities with activities of daily living, self-care, and basic needs while they are living in a specialized residential setting in the community.

*Physical Therapy includes the evaluation by a physical therapist of a person's physical abilities (such as the way they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.

Prevention Service Models (such as Infant Mental Health, School Success, etc.) use both individual and group interventions designed to reduce the likelihood that individuals will need treatment from the public mental health system.

Respite Care Services provide short-term relief to the unpaid primary caregivers of people eligible for specialty services. Respite provides temporary alternative care, either in the family home or in another community setting chosen by the family.

Skill-Building Assistance includes supports, services, and training to help a person participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to move about in the community.

*Speech and Language Therapy includes the evaluation by a speech therapist of a person's ability to use and understand language and communicate with others or to manage swallowing or related conditions, and treatment to help enhance speech, communication, or swallowing.

Substance Abuse Treatment Services (Descriptions Follow the Mental Health Services)

Supports Coordination or Targeted Case Management: A Supports Coordinator or Case Manager is a staff person who helps write an individual plan of service and assures the services are delivered. His or her role is to listen to a person's goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A supports coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.

Supported/Integrated Employment Services provide initial and ongoing supports, services, and training, usually provided at the job site, to help adults who are eligible for mental health services find and keep paid employment in the community.

Transportation may be provided to and from a person's home in order for them to take part in a non-medical Medicaid-covered service.

Treatment Planning assists the person and those of his/her choosing in the development and periodic review of the individual plan of services.

Wraparound Services for Children and Adolescents with serious emotional disturbance and their families includes treatment and supports necessary to maintain the child in the family home.

Services for Only Habilitation Supports Waiver (HSW) and Children's Waiver Participants:

Some Medicaid beneficiaries are eligible for special services that help them avoid having to go to an institution for people with developmental disabilities or a nursing home. These special services are called the **Habilitation Supports Waiver** and the **Children's Waiver**. In order to receive these services, people with developmental disabilities need to be enrolled in either of these "waivers". The availability of these waivers is very limited. People enrolled in the waivers have access to the services listed above as well as those listed here:

Chore Services (for Habilitation Supports Waiver Enrollees) are provided by paid staff to help keep the person's home clean and safe.

Non-Family Training (for Children's Waiver Enrollees) is customized training for the paid in-home support staff who provide care for a child enrolled in the Waiver.

Out-Of-Home Non-Vocational Supports and Services (for HSW Enrollees) is assistance to gain, retain, or improve in self-help, socialization, or adaptive skills.

Personal Emergency Response Devices (for HSW Enrollees) help a person maintain independence and safety in their own home or in a community setting. These are devices that are used to call for help in an emergency.

Prevocational Services (for HSW Enrollees) include supports, services, and training to prepare a person for paid employment or community volunteer work.

Private Duty Nursing (for HSW Enrollees) is individualized nursing service provided in the home as necessary to meet specialized health needs.

Specialty Services (for Children's Waiver Enrollees) are music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

Services for Persons With Substance Use Disorders.

The Substance Abuse treatment services listed below are covered by Medicaid. These services are available through [PIHP or SA Coordinating Agency]

Access, Assessment, and Referral determines the need for substance abuse services and will assist in getting to the appropriate services and providers.

Outpatient Treatment includes counseling for the individual and family and group therapy in an office setting.

Intensive Outpatient (IOP) is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.

Methadone and LAAM Treatment is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well

as nursing services and lab tests. This treatment is usually provided along with other substance abuse outpatient treatment.

Sub-Acute Detoxification is medical care in a residential setting for people who are withdrawing from alcohol or other drugs.

Residential Treatment is intensive therapeutic services which include overnight stays in a staffed licensed facility.

If you receive Medicaid, you may be entitled to other medical services not listed above. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive Community Mental Health services, your local community mental health services program will work with your primary care doctor to coordinate your physical and mental health services. If you do not have a primary care doctor, your local community mental health services program will help you find one.

Note: Home Health Program is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living and household chores. In order to learn more about this service, you may call the local Michigan Department of Human Services' number below or contact the [Customer Services Office] for assistance. [Name and phone number of the local MDHS]

Medicaid Health Plan Services

If you are enrolled in a Medicaid Health Plan, the following kinds of health care services are available to you when your medical condition requires them.

- * Ambulance
- * Chiropractic
- * Doctor visits
- * Family planning
- * Health check-ups
- * Hearing aids
- * Hearing and speech therapy
- * Home health care
- * Immunizations (shots)
- * Lab and X-ray
- * Nursing home care
- * Medical supplies
- * Medicine
- * Mental health (limit of 20 outpatient visits)
- * Physical and occupational therapy
- * Prenatal care and delivery
- * Surgery
- * Transportation to medical appointments
- * Vision

If you are already enrolled in one of the health plans listed below, you can contact the health plan directly for more information about the services listed above. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact the Customer Services Office for assistance.



**STRATEGIC PLAN
2011-2014**

Goal

Develop an agency that can prosper in the coming reform of healthcare and thrive in the political and budgetary challenges facing the State.

Although much of the federal health care reform is delayed over several years, strategies to manage the philosophical and structural changes are being developed in both public and private sector. Among the most significant issues:

- Cost saving requirements will encourage vertical structures for health care organizations- collaboratives that guarantee a level of accountability for patient care and costs.
- Emphasis on customer choice will weigh against sole source contracted and government operated health care entities.
- Likely change in State leadership and the movement of State funded care for indigent populations to federally supported.

Medicaid eligibility will reduce the political desire for a government run indigent care system.

Barriers

For the last decade, Muskegon CMH has emphasized its connection with County Government. County government provided significant political strength in the face of State privatization initiatives in 1998 and 2000. The County pursued a legal strategy based on the State's obligation to care for poor people with disabilities and filed suit to prevent the State from relinquishing its obligation in favor of private companies. In addition Muskegon developed a partnership with Ottawa County and its CMH department as preparation for resisting expected State mandates to merge CMH's into regional entities that would sever connections with County government.

The downside of this strategy is associated with government operating complex health services in a dynamic environment; the desire to treat all County Departments the same way; the speed with which decisions can be made when a large number of leaders must develop consensus on the right direction; the difficulty of instituting "pay for performance" style payroll and contracting; and other practices associated with government.

In its partnership with Ottawa County, there has been little operational benefit. No functions have been consolidated and the agencies operate essentially independently of each other. Opportunities for merging functions have been investigated but are not supported by the Boards if they reduce the autonomy of the county departments. An impasse has been reached, with compliance with regulations being the only function that the collaborative pursues.



Opportunities

In the last 5 years, several new local collaborative& have developed. Rather than being based on regional, horizontal mergers with other CMHs, these are vertically oriented to foster relationships with referral sources (especially primary care providers), payors, local mental health providers serving different populations, and social services agencies serving a similar population from a different perspective. These initiatives are still fledgling but offer the kind of alliances that could be important as a response to the strategic issues identified above.

The infrastructure for CMH Muskegon is relatively strong, with excellent facilities, good managers, strong IT investment and a balanced budget with substantial reserves. We are well positioned to withstand financial reductions in the next few years.

Options

The agency must strengthen its relationships with other sectors of the market and seek to reinforce its niche in intensive services for people with serious mental illness and developmental disabilities. The strategy is to become a valued partner and indispensable agent in the pursuit of quality health care at a lower cost. Among the tactics to be employed:

- Shared psychiatric staff with other behavior health clinics
- Co-located staff at primary care clinics
- Joint funding arrangements with FQHCs
- Easy and consistent flow of consumers between behavioral health and primary care providers
- Growth of health care awareness and services in CMH clinics
- Joint ventures to reduce health claims for people with serious mental illness and developmental disabilities

Plan

Partners are essential to the strategy. We propose to establish a Health Care Collaborative made up of major primary and behavioral health specialty care providers. To the extent that hospital and other specialty care providers can be attracted into a larger collaborative that would be pursued; more likely such ventures are likely already underway and will become part of the growth required to meet the reform challenges.

The purpose of the collaborative is to develop the joint ventures necessary to establish a seamless system of care that eliminates duplication, lowers costs, ensures quality care and achieves superior outcomes.