

I. **AUTHORIZATION**

CMHSP has contractual responsibility to "prescreen" all Medicaid covered and indigent persons seeking or being referred for psychiatric care with PROVIDER. CMHSP's obligation is to authorize reimbursement for all individuals enrolled in Medicaid or indigent as defined in this Provider Manual utilizing the Inpatient Affiliation's level of care protocols. Pre-screenings are conducted by clinicians who are credentialed by CMHSP to assess the mental health needs of individuals experiencing psychiatric crises to determine the level of care most appropriate for their assessed treatment need. This service is routinely provided by the CMHSP's Emergency Services clinicians.

- A. CMHSP must prescreen all persons enrolled in Medicaid as primary insurance or indigent who present in psychiatric crisis, are referred due to psychiatric crisis, or come to PROVIDER independently seeking psychiatric hospitalization.
- B. If the CMHSP determines that inpatient/partial hospitalization is the most appropriate level of care to address the person's psychiatric crisis, PROVIDER will be given an authorization which supports reimbursement for Medicaid beneficiaries or indigent individuals for an identified number of days. Authorized days to cover the stay until the next business day (typically not to exceed three consecutive days).
- C. Prior-authorized and approved continued stay review inpatient and partial hospitalization days may be subject to retrospective review by the Lakeshore Regional Entity. ***Retrospective review is defined as the process of approving or denying payment for inpatient/partial hospitalization care after the individual has been discharged.*** In the event documentation does not support level of care and/or is not consistent with information provided during the continued stay review, services may be subject to recoupment.
- D. Medicaid funds may only be used for inpatient stays that meet criteria as outlined in the Michigan Medicaid Provider Manual. **All other funding sources must be exhausted prior to accessing Medicaid funds.**
  - i. In circumstances where an individual in foster care placement no longer meets criteria for hospitalization and there is no safe, effective, or appropriate discharge, residence, or alternative level of care available, PROVIDER is responsible for coordinating funding options with the foster care agency.
  - ii. In the event that an individual no longer meets inpatient criteria and CMHSP determines there is no safe, effective, or appropriate discharge, residence, or alternative level of care available, CMHSP may not deny payment and PROVIDER will be paid at the rates set forth in this contract.
- E. Electroconvulsive Therapy (ECT) requires prior authorization from CMHSP.

II. **ADMISSIONS**

- A. CMHSP will assume the following responsibilities:
  - i. Complete Involuntary Commitment Petition/Application with, or prior to, admission.
  - ii. Provide identification data such as: service individual's name, age, marital status, financial information, etc.; and history of circumstances surrounding the present difficulties. \*

- iii. Provide past medical and psychiatric history, minimally including allergies, alcohol and drug use, current medications, any pertinent medical conditions, and any pertinent past psychiatric history. \*
- iv. Summarize the mental status examination completed by a mental health professional and provide a diagnostic impression of psychiatric and medical conditions. \*
- v. Provide an initial management/treatment plan stating the individual's problems, potential problems, and possible interventions. \*
- vi. Participate in individual's deferred treatment process.
- vii. Contact the psychiatric unit admission staff to ascertain bed availability and provide a verbal report of the information available on the individual referred by CMHSP. If there is a bed available and the admission staff has accepted the CMHSP referral, the CMHSP staff shall be responsible for making arrangements for transportation of the individual to PROVIDER psychiatric unit.
- viii. Maintain all necessary contacts with the Court system regarding involuntary patients, inform PROVIDER regarding those contacts, and complete alternative treatment arrangements when necessary.

***\*To be completed and received by the inpatient facility prior to or, at least within 24 hours.***

- B. PROVIDER will assume the following responsibilities:
  - i. Accept or deny the individual referred by CMHSP based on bed availability and clinical appropriateness. PROVIDERs shall not distinguish between referrals from CMHSP and other referral sources in the quality of care and access to services.
  - ii. Emergency access, admission, and all treatment services will be available twenty-four (24) hours daily and seven (7) days a week. Provide a 24-hour contact telephone number for admissions.
  - iii. Inform authorizing agency (LRE or CMHSP) of all Medicaid/Medicare admissions or when Medicaid is secondary to another third-party insurance during business hours or the next business day.
  - iv. Coordinate the services provided with CMHSP. Notify Medicaid Health Plan and/or Primary Care Physician regarding medical and mental health issues.
  - v. Contact CMHSP for coordination of care and to arrange discharge planning and response to treatment updates. PROVIDER and CMHSP staff, functioning as an interdisciplinary treatment team, shall conduct discharge procedures and aftercare planning.
  - vi. Prepare all transfer materials in the event that the individual is transferred to a medical or State Facility.
  - vii. Provide complete preliminary discharge information to CMHSP and the Primary Care Physician within forty-eight (48) hours of discharge.
  - viii. Notify CMHSP of the deferred treatment plan that will be presented to the individual and his/her attorney at the deferred treatment conference.
  - ix. If the individual and his/her attorney reject the deferred treatment plan, the individual's need for treatment and type of treatment will be determined by the Probate Court. If all parties agree, the deferred treatment plan has the same effect as a Probate Court order for a maximum period of ninety (90) days.
  - x. Any relocation of individuals involving PROVIDER and another inpatient facility must have the prior authorization of the CMHSP.

### **III. REAUTHORIZATION**

LRE and/or CMHSP has responsibility to complete "continued stay reviews" (CSR) for Medicaid covered and indigent individuals hospitalized through the prescreening process. Medicaid Provider Manual criteria for continued stay will be utilized to determine the need for continued hospitalization beyond the number of days authorized at prescreening or authorized by LRE and/or CMHSP following subsequent continued stay reviews completed by LRE or CMHSP staff.

- A. PROVIDER will notify CMHSP's designated contact person if PROVIDER decides to discharge the patient prior to the expiration of days authorized at prescreening or from a subsequent continued stay review and if PROVIDER believes the person is ready for discharge.
- B. PROVIDER's assigned continued stay review clinician will contact authorizing agency (LRE or CMHSP) to complete continued stay reviews for patients for whom PROVIDER is seeking inpatient care beyond the days authorized by either the initial prescreening or a subsequent continued stay review.
- C. Authorizing agency's assigned continued stay review clinician will be provided access to the patient and all pertinent PROVIDER clinical records for determining the necessity for continued inpatient care. If access to PROVIDER records is denied, no further inpatient days will be authorized.
- D. PROVIDER and/or treating psychiatrist has the right to request a claims reconsideration of the authorizing agency's continued stay review decision as outlined in Section V.
- E. Discharge planning/coordination of care for all Medicaid covered and indigent individuals shall involve CMHSP staff for the purpose of clarifying, coordinating, and implementing aftercare services.

### **IV. CONTINUED STAY REVIEW**

#### **A. LRE/CMHSP will:**

- i. Conduct continued stay review for inpatient admissions and partial hospitalization to:
  - a) Verify that medical necessity criteria are met
  - b) Verify that coordination of care/discharge planning is occurring from time of admission
  - c) Authorize payment for days of care based on medical necessity criteria as defined in the Medicaid Provider Manual
- ii. Communicate CSR decision to the inpatient provider.

#### **B. PROVIDER will:**

- i. Provide clinical information to authorizing agency to determine continued stay appropriateness.
- ii. Report ongoing coordination of care/discharge planning to authorizing agency
- iii. Coordinate with authorizing agency regarding frequency of and schedule for continued stay review.
- iv. Communicate any concerns to the authorizing agency regarding clinical barriers that may impact over or under utilization of service length of stay or discharge.

**V. DISPUTE RESOLUTION PROCESS FOR DENIAL OF INPATIENT/PARTIAL HOSPITALIZATION DAYS**

- A. In circumstances where authorizing agency had denied authorization for payment of continued stay for a current inpatient/partial inpatient placement based on medical necessity, the facility has the option to request an expedited formal review by a physician identified by the authorizing agency.
- i. Should the provider choose to engage in the expedited formal review, a Request for Formal Appeal (RFA) form must be completed and submitted by the facility to the authorizing agency within one business day of denial of authorization.
  - ii. If the RFA form is not received within one business day of denial of authorization, it is understood that the facility agrees with the initial determination and does not wish to request a reconsideration of the initial determination.
  - iii. Upon receipt of the RFA, authorizing agency will coordinate the physician-to-physician review process
- B. In circumstances where authorizing agency has denied authorization for payment of continued stay based on medical necessity for an individual who has been discharged from the facility:
- i. The facility may submit a RFA form within seven (7) business days of the initial determination to the authorizing agency.
  - ii. If the RFA form is not received within seven (7) business days, it is understood that the facility agrees with the initial determination and does not wish to request a reconsideration of the initial determination.
  - iii. Upon receipt of the RFA, the authorizing agency will coordinate review of the clinical documentation with the identified physician reviewer.

**VI. COORDINATION OF CARE/DISCHARGE PLANNING**

- A. Coordination of Care/Discharge planning to commence from time of admission. PROVIDER and CMHSP to coordinate all after-care activities.
- B. At the time of discharge, PROVIDER will communicate the individual's discharge information to the authorizing agency within one (1) business day. Discharge information must include:
- i. Discharge date
  - ii. Discharge diagnosis(es)
  - iii. Medications prescribed at the time of discharge
  - iv. Individual's discharge presentation
  - v. Legal Status at time of discharge
  - vi. Aftercare plans, including:
    - a) Appointment dates
    - b) Appointment times
    - c) Aftercare provider agencies
    - d) Name of aftercare provider/clinician
    - e) Living arrangements
    - f) Means of transportation
  - vii. Challenges/barriers to completing aftercare plan
- C. PROVIDER will provide CMHSP with a complete discharge packet within three (3) business days of the date of discharge. The discharge packet shall include the diagnosis and an

interdisciplinary team summary of the individual's course of treatment, nature of significant family or interpersonal relationship issues, current medications, prognosis, and recommendations.

- D. At discharge, PROVIDER shall provide the individual with a minimum of a two (2)-week prescription for medication with one (1) refill. PROVIDER shall be responsible for the prior authorization of all prescribed medications.
- E. For indigent patients, PROVIDER agrees to prescribe medications within the authorizing CMHSP's medication formulary if one is made available to the Provider.

**ACCESS TO CLINICAL SERVICES IN THE COMMUNITY MENTAL HEALTH SYSTEM**

- A. **Allegan County Community Mental Health** - Emergency services are available 24 hours a day, 7 days a week and can be reached through the following phone numbers.  
269-673-6617  
800-795-6617
  
- B. **Community Mental Health of Ottawa County** - Emergency services are available 24 hours a day, 7 days a week and can be reached through the phone numbers listed below.  
  
Monday through Friday, 8:00 a.m. to 5:00 p.m. 877-588-4357  
All Other Days and Times 866-512-4357
  
- C. **HealthWest (previously known as CMHS of Muskegon County)** - Emergency services are available 24 hours a day, 7 days a week and can be reached through the phone numbers listed below. Call and ask for the Emergency Services worker on staff that day, or walk in.  
  
Monday through Friday, 8:00 a.m.-5 00 p.m. 231-720-3200  
After hours/weekends/holidays 231-722-4357
  
- D. **Kent Community Mental Health Authority d/b/a Network 180** -Emergency services are available 24 hours a day, 7 days a week and can be reached through the phone number:  
616-336-3909
  
- E. **West Michigan Community Mental Health System** - Emergency services are available 24 hours a day, 7 days a week and can be reached through the phone numbers listed below.  
  
Ludington Site 231-845-6294  
Baldwin Site 231-745-4659  
Hart Site 231-873-2108

**VI. INPATIENT DISCHARGE PACKETS CONTACT**

**Lakeshore Regional Entity**

Utilization Review Team FAX: (231) 769-2074  
5000 Hakes Avenue PHONE: (231) 769-2130  
Norton Shores, MI 49441

**Allegan County Community Mental Health**

Michell Truax  
P.O. Drawer 130 Phone: 269-673-6617  
Allegan, MI 49010 Fax: 269-673-2738

**Community Mental Health of Ottawa County**

Chris Madden  
12265 James Street Phone: 616-494-5450  
Holland, MI 49424 Fax: 616-393-5653

**HealthWest**

Access Center  
376 E. Apple Avenue Phone: 231-720-3200  
Muskegon, MI 49442 Fax: 231-720-3299

**Kent County Community Mental Health Authority d/b/a Network 180**

Access Center Medical Records  
790 Fuller NE Phone: 616-336-3909  
Grand Rapids, MI 49503 Fax: 616-336-2475

**For Network180 individuals, discharge packets can be sent directly to the following providers:**

**Adults with Mental Illness:**

**Cherry Street Health Services**

100 Cherry, SE  
Grand Rapids, MI 49503  
Phone: 616-965-8200  
Fax: 616-940-5367

**InterAct of Michigan**

1131 Ionia, NE  
Grand Rapids, MI 49503  
Phone: 616-259-7900  
Fax: 616-259-7909

**Reliance Community Care Partners**

2100 Raybrook St., SE, Suite 203  
Grand Rapids, MI 49546  
Phone: 616-956-9440  
Fax: 616-954-1520

**Hope Network Behavioral Health**

3075 Orchard Vista Drive SE  
Grand Rapids, MI 49546  
Phone: 616-301-8000  
Fax: 616-235-2066

**Pine Rest Community  
Case Management**

339 S. Division  
Grand Rapids, MI 49502  
Phone: 616-222-4570  
Fax: 616-222-4571

**Children/Adolescents:**

**Bethany Christian Services**

901 Eastern N.E.  
Grand Rapids MI 49503  
Phone: 616-224-7617  
Fax: 616- 224-7593

**Spectrum Community Services**

3353 Lousma Dr. S.E.  
Wyoming MI 49548  
Phone: 616-241-6258  
Fax: 616-241-6470

**Wedgwood Christian Services**

3300-36<sup>th</sup> S.E.  
Grand Rapids MI 49512  
Phone: 616-942-2110  
Fax: 616- 942-0589

**Family Outreach Center**

1939 S. Division  
Grand Rapids, MI 49507  
Phone: 616-247-3815  
Fax: 616-245-0450

**D.A. Blodgett - St. John's**  
805 Leonard, NE  
Grand Rapids, MI 49503  
Phone: 616-451-2021  
Fax: 616-451-8936

**Arbor Circle**  
1115 Ball, NE  
Grand Rapids, MI 49505  
Phone: 616-456-7775  
Fax: 616-456-8568

**Easter Seals**  
4065 Saladin Drive  
Grand Rapids, MI 49546  
Phone: 616-942-2081  
Fax: 616-942-5932

**Adults with Developmental Disabilities:**

**Thresholds**  
4255 Kalamazoo S.E.  
Grand Rapids, MI 49508  
Phone: 616-455-0960  
Fax: 616-455-7324

**MOKA**  
4145 Kalamazoo S.E.  
Grand Rapids, MI 49508  
Phone: 616-719-4263  
Fax: 616-719-4267

**Spectrum Community Services**  
3353 Lousma Dr. S.E.  
Wyoming MI 49548  
Phone: 616-241-6258  
Fax: 616-241-6470

**Hope Network Developmental and  
Community Services**  
P.O. Box 141  
Grand Rapids, MI 49501  
Phone: 616-248-5900  
Fax: 616-245-4843

**West Michigan Community Mental Health**

Tracy Bonstell  
920 Diana  
Ludington, MI 49431  
Phone: 231-843-5420  
Fax: 231-845-7095