

West Michigan Community Mental Health

Mental Health Services Provider Manual



About This Manual

West Michigan Community Mental Health (WCMCMH) is committed to partnering with providers to ensure that individuals receive comprehensive and clinically appropriate services in a caring, confidential, and person-centered manner. By choosing to partner with us, you are joining a team of professionals dedicated to excellence in providing behavioral health supports and services.

As an important stakeholder, we are committed to building and fostering cooperation, partnership, and mutual support to best serve the residents of Lake, Mason, and Oceana Counties. This manual is an effort to develop the basis for a coordinated and consistent working relationship. As such, it explains and outlines our expectations for, as well as our commitment to, you and, most importantly, persons served. This manual, in conjunction with the Provider Services Agreement, our policies and procedures, and other applicable guidelines and requirements combine to ensure services are delivered appropriately, safely, and in a fiscally responsible and person-centered manner.

In that spirit, we welcome your input and invite you to engage with us in this important work.

Statement about Policies and Procedures; Where to Access Forms

All policies referenced in this Manual, including important provider forms and Service Descriptions, are available by visiting our website at <https://www.wmcmhs.org/for-providers/contracts/>. All policies, procedures, forms, and Service Descriptions on our website are considered the most current form and should be used in reference to your responsibilities contained within this Manual and within your current WCMCMH Provider Service Agreement. If you experience trouble accessing any information about contracts, contracting, policies or procedures, or encounter difficulties downloading or using forms, please email contracts@wmcmhs.org for assistance.

Mission

West Michigan Community Mental Health's mission is to partner, coordinate, and provide high quality care for children, adults, and families experiencing mental illness, intellectual and developmental disabilities and substance use disorders, serving the Mason, Lake, and Oceana Counties.

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Section I Introduction to West Michigan Community Mental Health

About WMCMH

West Michigan Community Mental Health (WMCMH) is CARF Accredited and provides an array of behavioral health services for adults, children, and families in our communities. As the mental health authority for Lake, Mason, and Oceana Counties, our approach to recovery and condition management is a hopeful one. Our trained and skilled staff work with each other and individuals receiving services to create a customized plan that meets the person where they are at in their recovery journey. With a commitment to using evidence-based practices and therapies, we ensure the best clinical outcomes for individuals we serve.

Vision, Values, and Goals

WMCMH's Vision is to:

- Provide outstanding integrated care to support recovery, person-centered planning, and outcomes for people we serve.
- Advocate for innovative systems of care that support people with complex needs in leading meaningful lives in our communities.
- Partner in helping to address the needs of our communities.

WMCMH Values:

- Individuality: We capitalize upon the unique strengths and abilities of each person to create meaningful person-centered plans and coordinate care.
- Hope: We nurture confidence in the possibility and reality of recovery for everyone.
- Independence: We empower people we serve to make choices, think critically, and act for themselves.
- Compassion: We provide genuine encouragement and gentle kindness in an environment free of judgment.
- Team: We establish ambitious goals and advance our mission through relationships built on integrity, trust, respect, and communication. We honor the unique expertise and contributions of our team of staff and providers.
- Partnership: We collaborate across systems to develop integration efforts that support whole person care for the people and communities we serve.
- Quality: We consistently evaluate and improve services and practices to maximize health outcomes.
- Stewardship: We balance the needs of the people we serve, our payers, our providers, and our stakeholders to deliver efficient, high quality services.

WMCMH aims to:

- Integrate and coordinate care to improve outcomes for people with complex care needs.
- Demonstrate value, efficiency, and competitive advantage.

- Advance community, provider, and payer partnerships to guarantee core services and maximize benefit of the people and communities we serve.

Guiding Principles

- Person Centered Planning is an individual's Michigan Mental Health Code protected right to design an individualized recovery and wellness plan.
- Child and Family-Centered Planning, because when it comes to children and teens, WMCMH recognizes that wellness and care impact (and will be impacted by) the entire family.
- Recovery is the belief that any person can recover and learn to manage their condition with the proper help and support.
- Evidence-Based Practice Models, which integrate the best scientific research available with reliable expertise from experienced clinicians, form the outline of treatment for those receiving services.
- Self-Determination provides individuals with the opportunity to exercise control over their life and their services through individual budgets.
- Trauma-Informed Care aims to understand the individual and the trauma they have experienced in order to provide essential physical and emotional safety and care.

Code of Ethics

WMCMH holds itself, its employees, volunteers, Providers, and others to the strictest ethical standards. To ensure these standards are upheld, WMCMH has clearly outlined its expectations through its Code of Ethics. These standards are detailed in WMCMH's Code of Ethics Policy 4.02.01.

Recovery and Resilience

Recovery is applied to all populations served by WMCMH. Recovery is an individual journey of self-discovery that leads down any number of paths. It is not a destination. Recovery, which may also be referred to as "wellness," is unique to each individual and can only truly be defined by the individual themselves as they continue on their journey.

In recovery, there may be relapses. Relapse is not a failure, but a challenge to be overcome. With the proper tools and skills developed in advance throughout the recovery journey, relapse can be an opportunity to grow as a person.

Resiliency and development are the guiding principles for children with serious emotional disturbance. Resiliency is the ability to "bounce back" and is an important characteristic to nurture in children with serious emotional disturbance and their families.

Culture of Gentleness

At WMCMH we believe that creating a sense of safety is the first, and most important, step in providing effective and person-centered services. This is accomplished through building relationships and by sharing ourselves with people to teach them that who they are is enough. Our approach to care is

informed by the work of Dr. John McGee, whose philosophy on creating a Culture of Gentleness teaches us that it is good to share and be with others. We do not seek to control persons or behaviors. Instead, we seek to understand and address the intersection between mind, body, emotion, and spirit that results in an observable reaction to the particular environment. This requires openness, honesty, patience and an unwavering belief that each person has something unique and valuable to offer.

The Four Pillars of Companionship

You are safe with me.

It is good to be loved.

It is good to be loving toward others.

It is good to be with others.

Accessibility and Accommodation

WMCMH adheres to all federal and state laws and is committed to promoting accessibility within its owned and operated buildings, contracted partners, and the larger community. WMCMH demonstrates this commitment by:

- Advocating on behalf of and with consumers, their families, and other allies on issues of accessibility.
- Supporting individuals in making requests for accommodations.
- Providing important documents in alternative formats, as needed, and providing translation services upon request.

If you or someone you support would like more information on requesting an accommodation, please call WMCMH Customer Services at (800) 992- 2061. You will be told how to request an accommodation (this can be done over the phone, in person, or in writing) and be given information about who at the agency is responsible for handling accommodation requests.

Office Locations

| Lake County Office | Mason County Office | Oceana County Office |
|--|---|--|
| 1090 North Michigan Ave. Baldwin, MI 49304 (231) 745- 4569 | 920 Diana St. Ludington, MI 49431 (231) 845- 6294 | 105 Lincoln St. Hart, MI 49420 (231) 873- 2108 |

Key Contacts

You can reach any of the staff below by calling (231) 845-6294.

| Staff | Position | Email | Call for questions about... |
|----------------------|--------------------------|--|---|
| Avery, Donald | QA/Network Coordinator | donalda@wmcms.org | Your contract or becoming a network provider, adding/removing services from your contract, an upcoming site visit |
| Baker, Beth | Reimbursement Supervisor | elizabethb@wmcms.org | Claims, payments, billing questions, staff access to R3 |
| Customer Services | | (800) 992-2061 | Grievance and Appeal Rights, Accommodations, filing a G&A complaint |
| Hobart, Karen | Recipient Rights Officer | karenhobart@wmcms.org | Recipient Rights, Corporate compliance, filing a rights complaint |
| Service Entry/Access | | (800) 992-2061 | Accessing WCMCH services |
| Snell, James | MI Team Leader | james@wmcms.org | Services for individuals with mental illness |
| Snyder, Josh | SUD Team Leader | josh@wmcms.org | Substance use disorder services |
| Thommen, Stephanie | DD Team Leader | stephaniet@wmcms.org | Services for individuals with intellectual and developmental disabilities |
| Vander Wall, Zack | Facilities Specialist | zacharyv@wmcms.org | Submitting Critical Incident Reports, facilities questions/concerns |

Working with WCMCH

Provider Selection and Qualifications

In order to ensure a strong network comprised of high-quality and caring professionals, WCMCH develops and maintains a network of providers through a formal provider application and clinical review process. While WCMCH periodically issues a specific Request for Proposal (RFP) to address emergent or growing needs in our network, we typically have more general provider needs as well. If you are interested in partnering with us, or if you are a current provider wondering about adding additional services to your contract, please visit <https://www.wmcms.org/for-providers/>.

Providers will have demonstrated clinical competencies to serve all age ranges and disability groups. Regardless of provider location, all providers are held to the same standards of service performance and guarantees each individual:

- ✓ Full participation in the Person Centered Planning process
- ✓ Access to services 24 hours per day, 365 days per year
- ✓ Timely response to identified clinical needs
- ✓ Timely and clinically appropriate service authorizations and re-authorizations
- ✓ Confidential services in a caring environment
- ✓ Dignity and respect
- ✓ Services in a clean, comfortable, and relaxing environment of care
- ✓ Involvement of key persons in their life
- ✓ Ongoing involvement efforts to enhance the organization's social mission
- ✓ Ongoing improvements in access to public mental health and community support services
- ✓ Ongoing improvements through use of best practice service and utilization management guidelines
- ✓ Quality services assessed continually through clinical outcome data

WMCMH reserves the right to deny paneling to any current or potential provider, at its sole discretion, based upon review of application materials or assessment of its current service needs.

Language Assistance

Language interpreters are available upon request for individuals with Limited-English Proficiency or to those who are deaf or hard of hearing. These services can be requested by through WMCMH Customer Services by calling (800) 992-2061. Language interpreters are available at no cost. If an individual who is deaf or hard of hearing wishes to contact WMCMH, they can do so by dialing Michigan Relay Center (MRC) at 711 and asking to be connected to (800) 992-2061.

Discrimination Free and Harassment Free Workplace

WMCMH fully supports and complies with the laws enacted to protect and safeguard the rights and opportunities of all people to seek, obtain, and hold employment without being subjected or exposed to illegal harassment or discrimination in the workplace. Any witnessed or perceived incidents of discrimination or harassment must be reported immediately through appropriate channels. It is the policy of WMCMH to conduct a thorough and confidential investigation into such matters.

WMCMH strictly prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. If an investigation into a reported incident of discrimination or harassment confirms the report, WMCMH will respond appropriately to remedy the situation and reduce chance of reoccurrence. Such response may include disciplinary action for the perpetrator(s), up to and including termination of association with WMCMH.

These standards are detailed in WMCMH's Discrimination and Harassment Free Workplace Policy 4.03.01.

Smoke Free Workplace

Smoking, including the use of smokeless tobacco products and “vaping,” is not permitted on any WCMCMH owned or operated property or in WCMCMH vehicles. Smoking restrictions for licensed AFC facilities, whether owned by WCMCMH or by the Provider, are governed by state laws prohibiting smoking in workplaces.

Drug and Alcohol-Free Workplace

WCMCMH prohibits the possession of illegal drugs (including marijuana) and/or alcohol, being under the influence of illegal drugs (including marijuana) and/or alcohol during working hours or while on WCMCMH owned or operated and/or employer properties (including parking lots and employer vehicles).

Violence Free and Weapons Free Workplace

WCMCMH recognizes the need to provide for the safety and security of all staff members, independent contractors, vendors, individuals served, and visitors. These standards are detailed in WCMCMH’s Violence-Free Workplace Policy 2.12.12.

Weapons of any kind are not permitted on any WCMCMH owned or operated property. Staff members, independent contractors, vendors, volunteers, or other agents of WCMCMH are prohibited from carrying or possessing any weapon while in the course and scope of performing work for WCMCMH, regardless of whether or not they are on WCMCMH owned or operated property. This prohibition includes possession of a weapon in an individual’s private vehicle while in the course and scope of performing work for WCMCMH and during any WCMCMH sponsored functions at off-site locations. These standards are detailed in WCMCMH’s Weapons-Free Workplace Policy 2.12.13.

Equal Employment Opportunity

WCMCMH ensures that equal employment opportunities for all persons regardless of race, creed, color, religion, national origin, sex, marital status, height, weight, disability, or any other legally protected status as required by law.

Beyond legal requirements, we acknowledge our commitment to diversity and our belief that it strengthens our team and enables to be more effective in our role of service.

Affiliations and Partnerships

WCMCMH actively works to build and maintain community partnerships to build strong, vibrant, and inclusive communities. In its effort to be a leader in healthcare for residents of Lake, Mason, and Oceana Counties, WCMCMH is part of the Lakeshore Regional Entity (LRE). For more information, visit www.lсре.org.

Commitment to Reciprocity

Wherever practical, WCMCMH strives to reduce administrative burden and minimize duplication of efforts. This includes sharing contracting information with regional partners and accepting, with limits, outside Provider Quality Reviews. Provider Quality Reviews and Recipient Rights inspection reports will be shared upon request. In general, WCMCMH honors reviews, Recipient Rights Reviews, and inspection reports of CMHSPs outside the LRE catchment area, but reserves the right to conduct its own inspections at its sole discretion.

Training Requirements

For providers who deliver services within the LRE catchment area, please use the Lakeshore Learning Management System (LMS) for staff training. All training requirements are outlined in Attachment I of the Services Agreement. More information is also available on our website at <https://www.wmcmhs.org/for-providers/training/>.

For any provider who operates wholly or partially outside of the LRE catchment area, or who wishes to use another recognized training model for staff training, WCMCMH reserves the right to review and approve any proposed model prior to implementation or contracting for service provision. A provider who requests and is approved to use an alternative training platform must adhere to the timelines outlined in Attachment I of the Services Agreement and is required to maintain records of such training as required by WCMCMH.

Section II Provider Practice Requirements

Responsibilities as a Provider

As a provider and partner in services, your most important job is ensuring high-quality, safe, and person-focused care to the individuals we mutually serve. To that end, you are responsible for ensuring that you implement the most current best-practices and use the most up-to-date policies and procedures in the provision of care.

Care Coordination/Care Management

WCMCMH is responsible for ensuring Care Coordination and Care Management for eligible persons receiving ongoing behavioral health services. Care Managers are expected to:

- ✓ Identify the care needs of individuals
- ✓ Coordinate applicable mental health, community, and support services, and
- ✓ Serve as resource managers

Care Management services include the following:

- ✓ Initial and ongoing assessment
- ✓ Person-Centered Planning

- ✓ Identification of support services
- ✓ Linking and coordinating with other care providers and natural supports, and
- ✓ Service monitoring

Performance Monitoring

The Service Enhancement Team (SET) is responsible for monitoring all aspects of the Provider Network. Our approach to performance monitoring is clinically directed and focused on the appropriateness and quality of care. The goal is to ensure cost-effective, high-quality care is provided to every person receiving services. Components of our performance monitoring system include:

- Problem-focused studies
- Root Cause Analysis
- Clinical records review
- Assessment of access and availability
- Satisfaction surveys
- Provider satisfaction surveys
- Annual Site Visits
- Quarterly informal site visits
- Accreditation reviews

Summary reports are reviewed at monthly Performance Improvement Oversight Committee (PIOC), by the Medical Director, Executive and Leadership Teams, and Providers (when appropriate) in order to identify problems, develop resolutions, and ensure adequate follow up.

Statement of Confidentiality

WCMCMH is committed to ensuring the protection and privacy of all Provider information, including document and data disclosures. Access to Provider information will be exclusively limited to WCMCMH staff as necessary to conduct the agency's business. Due to our status as a public entity, certain data and information may be available through the Open Meetings Act and/or Freedom of Information Act (FOIA). WCMCMH will comply with all legal requirements in its protection of sensitive or personal Provider data or information.

Network Monitoring

In cooperation with LRE, WCMCMH is responsible for providing contract and program monitoring and oversight. This includes, but is not limited to, provider changes and updates, credentialing/re-credentialing, ensuring staff competencies via documented training records, ensuring environment of care standards are maintained, protection of Recipient Rights, access to services, within or out-of-network, and network management.

Providers can assist in this process by notifying WCMCMH of any changes in address, affiliation, licensure, or facility information.

Regulatory Management and Corporate Compliance

WMCMH maintains strict adherence to and monitoring of laws or regulations pertaining to fraud, waste, or abuse. All actual or suspected occurrences should be immediately reported to the WMCMH Corporate Compliance Officer by calling (800) 992-6021. WMCMH is formally committed to the integration of regulatory management into its culture and operations, including:

- ✓ Compliance with all laws and regulations applicable to Authority operations
- ✓ Adherence to the spirit of compliance guidance issued by the Office of Inspector General (OIG) of the United States Department of Health and Human Services
- ✓ Adherence to the letter and spirit of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations
- ✓ Meeting CARF Standards relating to regulatory and legal management

As a Network Provider, you are required to participate in WMCMH's regulatory management program, which is designed to detect and reduce fraud, waste, and abuse and protect and promote the privacy and security of confidential and protected health information (PHI).

As part of its compliance with the Deficit Reduction Act, Providers are required to:

- ✓ Report, in good faith, any incidence of false claim fraud, waste or abuse of public funding to the organization
- ✓ Understand and apply the provisions of the Michigan False Claims Act, the Michigan Whistleblower' Protection Act and the Federal False Claims Act
- ✓ Report a situation the Provider becomes aware of that has the potential of violating the False Claims Act

A copy of our Corporate Compliance Plan can be found on our website or requested by contacting our Corporate Compliance office at (800) 992-6021.

Stakeholder Meetings

WMCMH will schedule and host periodic Stakeholder Meetings as a way to monitor the health of and ensure engagement with Network Providers. These meetings are meant to be a collaborative discussion regarding care and services to individuals, environmental or other systemic pressures, ways to improve monitoring processes and strengthen the provider network, and ongoing or emergent network issues.

Network Providers are invited to actively participate in these meetings, including submitting items for discussion or questions to be addressed prior to the final agenda being distributed (typically within two weeks of the scheduled meeting date).

Provider Review

As part of our quality assurance efforts, WMCMH, in conjunction with LRE, will conduct regular and/or periodic quality reviews to ascertain conformance to standards of care, performance, or adherence to contract stipulations. Every effort will be made to mitigate disruption to your normal operations through

advanced scheduling and, when possible, conducting parts of the review remotely (i.e. desk auditing documentation).

Provider Termination and Sanctions

WMCMH takes seriously the safety and welfare of mental health recipients, our staff, and the staff of our providers. To ensure the continued wellbeing and safety of all parties, WMCMH reserves the right to take immediate contract action, up to and including termination of provider contract, where deficiencies exist. Some critical areas monitored include adherence to contract stipulations, policies, or procedural standards, patterns of sub-standard quality of care, billing fraud, unsatisfactory Medical Records compliance, refusal to accept referrals, and/or inability or refusal to service individuals within specified timeframes. Dependent upon the nature and severity of an incident, sanctions may include but are not limited to withholding all or part of payment; offsetting against payments currently due to a provider based on a retroactive review that previous payment was ineligible for reimbursement; suspension of further referrals; or immediate or planned termination of the contract. Any action taken is eligible for Dispute Resolution, per the Provider Common Contract.

Financial and Payment Practices

Responsibility of Payment

The table below identifies how WMCMH determines payment responsibility.

| Payor | Authorization | Payment |
|---|--|---|
| Medicare/Medicaid Medicare Deductible and co-insurance amounts covered by Medicaid | No Pre-Authorization required | WMCMH will pay the balance of the Medicare deductible and co-insurance, if Medicare allowed total is less than the contracted rate. |
| Medicare/ Medicaid Medicaid Exhausted | No Pre-Authorization required. Provider notifies WMCMH when Medicare is exhausted. Assessment and authorization, according to criteria, will then be completed by WMCMH. | WMCMH will pay the balance of contracted rate not covered by Medicare if criteria are met. |
| Commercial Insurance/ Medicaid Commercial Insurance pays % of per diem | No Pre-Authorization required. | CMH will pay the balance of the Third-Party Liability (TPL) deductible and co-insurance, if the TPL allowed amount is less than the total contracted rate, if criteria are met. |
| Commercial Insurance/ Medicaid | No Pre-Authorization. Provider notifies WMCMH when commercial insurance exhausted. Assessment and | WMCMH will pay the balance of contracted rate not covered by TPL if criteria are met. |

| | | |
|---|---|--------------------|
| Commercial Insurance pays for specified # of sessions or \$ amount, and Medicaid pays remainder | authorization, according to criteria, will then be completed by WCMCMH. | |
| Medicare Insurance only | No Pre-Authorization required. | No WCMCMH payment. |

Claims Submission

All payment claims for provided services must be submitted electronically through WCMCMH’s Electronic Health Record (EHR), R3, unless alternative methods of claims submission have been approved, in advance, by WCMCMH Fiscal Services. In general, providers are expected to submit claims electronically unless extenuating circumstances make such methods burdensome to the provider and/or WCMCMH. These requests will be evaluated on a case-by-case basis. WCMCMH reserves the sole right to deny such requests as it sees fit.

Prior to submitting a claim, a provider should:

- ✓ Verify the validity of the authorization. If additional authorizations are necessary, a request for those services must be made and are subject to the guidelines in “Section III Access to Services” outlined below.
- ✓ Verify that you are the approved provider.
- ✓ Verify eligibility for the service provided.
- ✓ Be sure to submit the claim to all insurance companies with which the individual carries coverage. Medicaid is the payor of last resort. See Responsibility of Payment Grid above for more information.

Providers may not bill WCMCMH for:

- ✓ Services that are not authorized through the person-centered planning process.
- ✓ Services that are not included in the Provider Contract, Attachment B, Codes and Rates.
- ✓ Amounts above the contracted fee schedule or per diem, as detailed in the Provider Contract, Attachment B, Codes and Rates.
- ✓ Any additional payments or co-payments for individuals covered only by Medicaid.

Timeliness of Claims Submission

Submission of claims for payment of services must be received by WCMCMH within sixty (60) days of the date the service was provided. If WCMCMH is not the primary payor, claims must be received within ninety (90) days from the date of the remittance advise. Under no circumstances shall WCMCMH be responsible for paying claims not meeting these deadlines.

For services that are billed monthly (such as residential per diem), claims must be received no later than sixty (60) days from the end of the billing month for all services provided within that month.

Any claims that were denied by WCMCMH must be corrected and resubmitted within sixty (60) days from the date Provider received notification of the denial.

Coordination of Benefits

Coordination of benefits will be conducted with an individual's primary health insurance carrier. A copy of the primary carrier's Explanation of Benefits (EOB) must be provided, as well as the amount paid on the individual's Ability to Pay (ATP). A provider has up to sixty (60) days of receipt of the EOB to submit the claim. Please send the EOB to:

West Michigan Community Mental Health
Finance Department
920 Diana St.
Ludington, MI 49431
Facsimile: (231) 845-7095

Payment of Claims

At such time that all necessary documentation is received (i.e. Provider has submitted a "Clean Claim"), WMCMH will issue payment within thirty (30) days.

Co-Pays and Deductibles

Provider may only collect applicable deductibles, co-insurance, and/or co-payments from the individual at the time of services. Providers shall use Ability to Pay (ATP) guidelines as outlined in the Michigan Mental Health Code, Chapter 8, Section 330:1818 and 330:1819. Under no circumstances are additional payments or co-payments permitted for individuals covered only by Medicaid. Any applicable fee schedule for services will be provided to the individual at or before the first treatment session.

WMCMH will reimburse Provider the balance, up to the fee schedule maximum or negotiated per diem, upon receipt of a claim and in compliance with WMCMH policy and procedure. These rates may vary by contract.

Provider is not permitted to bill the individual any difference in payment for services provided.

Recipient Rights

WMCMH is committed to protecting the rights of all persons receiving services. The Office of Recipient Rights (ORR) is tasked with monitoring, ensuring, and protecting the rights of persons in services. As a provider working directly with individuals in services, you are required to report any known, reported, or suspected violation of an individual's rights, or assist an individual in filing a recipient rights complaint if they feel their Code-protected rights have been violated.

Information on how to report a violation or file a complaint should be readily available at your program for staff, visitors, and recipients of services. Critical Incident Reports (CIRs) must be available for staff and complaint forms must be kept where a person receiving services has access to the form without requiring staff assistance (though staff **must** assist an individual in filing a complaint should they be asked to do so).

If you have questions about your legal or contractual requirements pertaining to Recipient Rights, or to get assistance filing a complaint, please contact the WMCMH ORR or Customer Services Department at (231) 845-6294 or (800) 992-2061.

All WMCMH Recipient Rights Policies are available on our website.

Critical Incident Reporting

A critical incident is an occurrence that disrupts or adversely affects the course of care or agency business. In addition to ensuring the safety and well-being of staff and individuals receiving services, these reports assist and direct quality improvement activities. WMCMH policy #02-12-08 outlines events or circumstances that require reporting within 24 hours of occurrence.

Customer Services

Should you have a concern or need assistance, our Customer Services Department is waiting to assist you. Some of the ways our Customer Services Department can help include:

- ✓ Welcome and orientation to services and benefits available
- ✓ Assistance with understanding available benefits, support relating to problems with benefits, including any charges, co-pays, or fees incurred as a result of the services you received
- ✓ Information about how to access Mental Health, substance use, or primary health services, whether through WMCMH or another community provider
- ✓ Respond to complaints or problems with services and provide assistance with filing a grievance or appeal
- ✓ Information about LRE operations, including annual reports, board meeting schedules and minutes, or other related information
- ✓ Information relating to Michigan Department of Health and Human Services (MDHHS) access standards, practice guidelines, and technical advisories and requirements

Customer Services staff are available Monday through Friday during regular business hours, except for holidays, and can be reached by calling (800) 992-2061. If you call outside of business hours, please leave your name, a number where you can be reached, and a brief description of why you are calling, and someone will return your call within one business day.

Grievance and Appeals

A **grievance** is an expression of dissatisfaction about an aspect of the services a person receives. A grievance can be filed at any time by calling,

An **appeal** is a request to review an adverse benefit determination. An individual and/or his or her guardian will be given Notice of Adverse Benefits Determination when a decision is made to deny, reduce, suspend, or terminate a service. When this occurs, the individual and/or his or her guardian has the right to file an appeal.

Details of how to file an appeal, including timelines and an outline of what to expect during the appeal process, can be found in Policy 2.06.05.

Section III Access to Services

How to Access Services

WMCMH's Service Entry Team is the single point of entry for an individual seeking services. Its purpose is to:

- Assess the urgency of a situation
- Determine eligibility for public mental health services, and
- Refer an individual to the most appropriate provider

Services may be requested 24 hours per day, 7 days per week, by calling any of the office locations. A clinician from Service Entry will assess the service need and eligibility for each request. WMCMH Medical Necessity and Therapeutic Appropriateness criteria is based on national standards and accepted professional practice. Service Selection Guidelines (SSG) and the Medicaid Provider Manual are used to identify the intensity of individual needs and guides the Medical Necessity of services.

Emergency Services

A "mental health emergency" is when a person is experiencing an acute psychiatric event and can reasonably be expected in the near future to harm him/herself or another person, is at risk of harm because of an inability to meet basic care needs, or the person's judgement is so impaired that he or she is unable to understand the need for treatment and lack of treatment is expected to result in harm to self or another individual in the near future. Individuals have a right to Emergency Services at any time, 24 hours a day, seven days a week, without prior authorization for payment of care.

Emergency Services can be accessed by calling any number below:

Toll Free: (800) 992-2061
Lake County: (231) 745-4659
Mason County: (231) 845-6294
Oceana County: (231) 873-2108

Alternate Access Points

WMCMH recognizes that situations occur when Alternative Access Points for Care are necessary and has established protocols for treatment when services or care are accessed through other avenues. These avenues may include, but are not limited to:

- Hospital Facility/Emergency Departments
- Physician's Offices
- Schools
- Law Enforcement Departments
- Community Mental Health Center Provider Offices

When this occurs, it is the responsibility of the treating provider to contact WMCMH to seek authorization for treatment, services or care and/or for referral to a clinically appropriate provider.

Medical Necessity

The determination of a medically necessary service must be based upon the Person-Centered Planning process and used in a manner that ensures the individual receives the most clinically appropriate care in the amount, scope, and duration necessary to meet clinical outcomes. WMCMH follows the standards set in the Michigan Medicaid Provider Manual.

Authorization/Reauthorization

WMCMH is responsible for authorizing any service provided by Network Providers. Only services deemed medically necessary through the person-centered planning process will be authorized and only those services which have been authorized through this process should be provided. Any service provided outside of the person-centered planning and authorization process will be determined to be unnecessary and will not be reimbursed. If this occurs, notice is sent within three business days which explains the reason for the denial, outlines the appeal process, and provides emergency numbers.

Intensity of Need

Routine Need is a condition in which the individual describes signs and symptoms that are resulting in impairment and functioning of life tasks; impact the individual's ability to participate in daily living; and/or have markedly decreased the individual's quality of life. The Service Entry/Care Management staff will schedule an appointment for the individual with an appropriate provider. Providers are asked to see the individual within 14 (fourteen) days of request for a routine appointment.

Urgent Need is a condition in which the individual is not actively harmful to self or others, denies having a plan, or intent to harm of self or others, or means or intent for harm, but expresses feelings of hopelessness, helplessness or rage; has potential to become actively suicidal or homicidal without immediate intervention; displays a condition which could rapidly deteriorate without immediate intervention; and/or without diversion and intervention will progress to the need for emergency services and care. Service Entry/Care management will contact the provider to alert the provider of the urgent referral and, as needed, help connect the individual to the provider. Providers are required to see the individual within 72 hours of a request for an urgent appointment.

Emergent Need is a life threatening condition in which the individual as a result of a diagnosed Severe Mental Illness is displaying signs and symptoms which may result in immediate self-harm or harm to others; and/or is unable to care for his/her needs. Service Entry or Care Management staff may refer the individual to a contracted residential or psychiatric inpatient facility.

Final Note

Thank you for your partnership in this important work. WMCMH recognizes that our work is not possible without your support. That said, we acknowledge that collaboration neither starts nor ends with this Manual but hope that this information provides the foundation for you to be an informed partner and serves as a catalyst for a more engaging and supportive collaboration. Should you have any questions or concerns about any information contained in this manual or any aspect of service provision, please do not hesitate to contact us.