

COPPER COUNTRY MENTAL HEALTH SERVICES

Provider Manual

Updated July 2016

Table of Contents

Page

WELCOME	3
INTRODUCTION	4
SECTION 1 - Provider Responsibilities	5
SECTION 2 – Glossary of Terms	9
SECTION 3 – Policy & Procedure Index	12

COPPER COUNTRY MENTAL HEALTH SERVICES

Provider Manual

Welcome to Copper Country Mental Health Services Provider Network

This manual has been developed as a reference guide for our network providers. It gives you an overview of our contract requirements, policies related to contractors as well as other information you may find useful.

If you have any comments or questions while reading this manual you may call our Contract Manager at (906) 482-9400, ext. 182.

Thank you for joining the Copper Country Mental Health Services Provider Network. We look forward to a long and rewarding relationship with you as we work to provide quality, cost efficient care to our consumers.

IMPORTANT NOTICE

This manual explains many important aspects of the Copper Country Mental Health Services' Provider Network. This manual, in conjunction with the provider contract, outlines the procedures and requirements that providers must follow to be included in the CCMHS Provider Network.

CCMHS reserves the right to interpret any term or provision in this manual and to amend it at any time. To the extent that there is an inconsistency between the manual and the provider contract, CCMHS reserves the right to interpret such inconsistency. The interpretation shall be binding and final.

Copper Country Mental Health Services
(serving Houghton, Keweenaw, Baraga & Ontonagon Counties)
901 West Memorial Drive
Houghton MI 49931 (906)
482-9400

COPPER COUNTRY MENTAL HEALTH SERVICES PROVIDER NETWORK

Provider Manual Introduction

Copper Country Mental Health Services is committed to excellence in the delivery of services to persons with mental illness, developmental disability, and children with severe emotional disorders. This commitment will be demonstrated throughout the region by offering services, which are effective, efficient, and responsive to the consumers we serve, as well as the communities in which they live.

As an assurance to our stakeholders – the Consumers, the Department of Community Health, the community and to our employees – Copper Country Mental Health Services will require that all providers of behavioral health services in the Network be qualified to deliver those services.

The credentialing and privileging process is designed to ascertain a provider's:

- Formal Education
- Training
- Experience and
- Competence

Executive authorization is granted for a Provider to perform specific services for a designated length of time. Providers who are privileged to deliver certain types of services must continue to meet the requirements, which have been established, to maintain good standing in the Network.

Principal Strategies and Objectives

The principal strategies and objectives, which will be included in every aspect of the Provider Network for Copper Country Mental Health Services, shall be as follows:

- ↻ Promotion of access to the least restrictive level of care required for a Consumer's condition or disorder.
- ↻ Provision of quality care that is evidenced by Consumer satisfaction and clinical outcomes.
- ↻ Integration of person centered planning into all clinical activities.
- ↻ Management of financial and other resources to contain or reduce cost.
- ↻ Arrangement for care that is delivered quickly, locally and in a person centered manner.
- ↻ Development of a service delivery system that emphasizes prevention, wellness and recovery.

The Provider Network of CCMHS will assure network competencies and the sufficient amount of resources for choice, quality and market competition.

This manual has been prepared as a guide to CCMHS's policies and procedures for individual practitioners, programs and facilities. It provides important information regarding the managed care features incorporated in the Provider Contract.

The manual has been designed to be a useful tool for Participating Providers and their staff.

CCMHS understands that our relationship with Providers is essential in the commitment to an effective and efficient quality of clinically necessary care. We look forward to a mutually cooperative and beneficial relationship.

CCMHS is part of the NorthCare affiliation. NorthCare is the prepaid health plan that oversees CCMHS's Medicaid dollars. NorthCare affiliation members are Pathways CMH, Northpointe Behavioral Health Services, Gogebic CMH, Hiawatha Behavioral Health, and Copper Country CMH.

Section 1

Provider Responsibilities

Introduction

In order to provide quality services to consumers it is necessary for Copper Country Mental Health Services and the participating providers to establish and maintain a cooperative relationship. The provider is encouraged to direct any questions and concerns to CCMHS administration or the contract manager. Beneficiaries must be excluded from any dispute between the participating provider and the CCMHS affiliates.

The Contract Manager, located at 901 W. Memorial Drive, Houghton MI 49931, manages CCMHS's Provider Manual. The phone number is (906) 482-9400, ext. 182, Monday through Friday, between the hours of 7:00am – 3:00pm.

Individual Treatment Planning

Providers shall be responsible for development and/or implementation of individual treatment plans designed through a person centered process of self-determination. The treatment plan will outline the specialty services and supports for each consumer while safeguarding the consumer's right to the least restrictive environment and their health and safety.

Incident Reporting

Providers must notify CCMHS's Recipient Rights Officer, Tracy Jaehnig, at (906) 482-9400, ext. 120 immediately by telephone of serious injury or loss of life sustained by a CCMHS Consumer. Written notification must follow within 24 hours. CCMHS must also be notified immediately of any consumer's unexpected absence from the home or program or discharge against medical advice. Please see the Recipient Rights policies on our webpage (at *Provider Manual – Policies & Procedures*) for more detailed information.

Confidentiality and Release of Information

Confidentiality is an important professional and administrative aspect of CCMHS's policies and procedures. Providers agree to comply with all state and federal laws regarding privacy, confidentiality and release of information. The Provider agrees specifically that it will comply

with HIPAA and 42 CFR Part II (when appropriate) and its privacy protection provisions as they relate to consumer information. To the extent necessary for the Provider to disclose information concerning any of CCMHS's consumers, to any third party, the Provider agrees to comply with notification provisions of HIPAA and 42 CFR Part II. This provision applies to the Provider, its agents and employees, and the Provider must educate its employees and agents with respect to the confidentiality provisions of HIPAA and 42 CFR Part II as they relate to privacy rights of CCMHS's consumers.

Participating providers are responsible to ensure that they have any necessary consumer consents. Again, please see the Recipient Rights policies on our webpage (at *Provider Manual – Policies & Procedures*) for more detailed information.

Record Keeping Requirements

Participating providers must establish a separate file for every case upon initial contact with the Consumer. Facilities subject to JCAHO, CARF, COA, AOA, and other national accrediting organizations must meet the record keeping standards of such organizations. Participating providers who are not subject to these accrediting organizations must establish a medical record system, which includes the following information:

- ✧ Consumer demographic information
- ✧ Presenting problems, precipitants and severity of symptoms
- ✧ Psychiatric and substance abuse history
- ✧ Relevant medical history, to include medication history
- ✧ Social, family supports and vulnerabilities
- ✧ Mental status exam
- ✧ Risk assessment
- ✧ DSM-IV TR five axial diagnoses
- ✧ ICD-9 CM diagnosis
- ✧ Treatment plan developed through person centered principles

Progress notes for each contact must include objective specific outcome/progress, based on therapeutic/habilitative interventions provided, linked to measurable/attainable goals in the treatment plan and linked to assess therapeutic/habilitative needs in the assessment.

Any questions regarding record keeping requirements should be directed to the appropriate Clinical Contact person or the Contract Manager.

Obligation to Report/Duty to Warn

Participating providers must comply with all applicable state and federal child abuse, adult protective services and other reporting laws. It is the participating provider's responsibility to understand and comply with the professional and legal requirements in the state.

The Provider is required to comply with all applicable state and federal statutes regarding the obligation to report and duty to protect. CCMHS's Recipient Rights office needs to be informed of any such situation.

Re-credentialing and Information Updates

CCMHS must receive prior or immediate written notice of any additions, deletions, or changes (including the effective dates) related to any of the following:

Re-credentialing

- ✧ Verification of current state licensure or certification (annually)
- ✧ Verification of current federal DEA certification for M.D.'s or D.O.'s
- ✧ Verification of current individual malpractice liability insurance within limits, dates of coverage and provider's name
- ✧ Verification of criminal background check
- ✧ Fingerprint clearance
- ✧ Verification of non-inclusion on the excluded or restricted provider list of the Office of Inspector General and the general accounting office
- ✧ Verification of non-inclusion on the sexual offender register
- ✧ Current resume/curriculum vita (every two years)
- ✧ Facility accreditation with JCAHO, CARF, COA, AOA and/or other national accrediting organizations

Updated Information

- ✧ Tax identification numbers (W-9 form must be completed for Tax ID numbers)
- ✧ Change of corporate address and telephone numbers
- ✧ Change of practice sites and telephone numbers
- ✧ Change of address for claim payments
- ✧ Name changes
- ✧ Clinical subspecialties
- ✧ Admitting privileges (Practitioners only)
- ✧ Changes, additions, or deletions of facility programs
- ✧ Changes in facility ownership
- ✧ Changes of practice ownership or principal interest
- ✧ Termination or resignation of any clinical staff
- ✧ Notification of any law suits filed against practice/principals
- ✧ Notification of any restrictions regarding licensure and accreditation
- ✧ Addition of new clinical staff

As a contractual requirement, it is understood that all changes/updated information required above, be immediately mailed to:

Contracts Coordinator
Copper Country Mental Health Services
901 W. Memorial Drive
Houghton, MI 49931

Participating Provider Coverage

A participating provider must contact CCMHS to discuss alternative provider coverage arrangements in any situation when he or she is unable to keep CCMHS consumers in active treatment. Notification to the CCMHS Contract Manager is required regardless of the reasons for utilizing an alternative provider (i.e.: coverage while on vacation).

Any after hour coverage arrangements must be communicated to CCMHS initially and immediately upon any change. CCMHS reserves the right to refer consumers in accordance with their policies.

The American with Disabilities Act (ADA)

CCMHS Management requires participating providers to comply with all regulations of The Americans with Disabilities Act in the provision of care to Copper Country Mental Health Services consumers.

Non-Discrimination

Providers must be equal opportunity providers and shall not discriminate with regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap or any other protected category.

Clinical Record Reviews

The Provider will allow all Health Care Financing Administration (HCFA), State of Michigan, NorthCare Network and/or accreditation on-site reviews.

Copper Country Mental Health Services will at times conduct reviews of clinical records regarding the treatment of consumers. These reviews will be conducted on-site at the provider location, during normal business hours, with or without prior notice from Copper Country Mental Health Services. It is important that the participating providers cooperate fully with these reviews. Copper Country Mental Health Services will be reviewing records for a number of purposes, including but not limited to, the following areas:

- ✦ Quality Management
- ✦ Claims submission integrity
- ✦ Unusual occurrences
- ✦ Record keeping
- ✦ Corporate Compliance
- ✦ Credentialing Compliance
- ✦ Contract Compliance

Provider Disenrollment

Either Copper Country Mental Health Services or participating Provider may choose to terminate the provider contract/agreement.

If a participating Provider chooses to discontinue the contract/agreement, Copper Country Mental Health Services must be notified in writing thirty (30) calendar days prior to the effective dates as indicated in the participating Provider contract. Copper Country Mental Health Services will acknowledge receipt of the participating Provider's request and confirm the disenrollment date.

If Copper Country Mental Health Services chooses to disenroll a participating Provider, written notification of the disenrollment including the effective date, will be given as specified in the participating Provider contract. Immediate disenrollment may occur as a result of any one of the following:

- ✦ Conviction of a felony
- ✦ Unethical clinical and/or business practice
- ✦ Failure to comply with Copper Country Mental Health Services corrective action plan

It is understood that the Provider, in the event of disenrollment, is obligated to cooperate with Copper Country Mental Health Services in transitioning consumers and records of treatment.

Section 2

Glossary of Terms

A glossary of terms is included below in order to promote a better understanding of the Provider Manual, of the Policies, Procedures, & Guidelines, and the service delivery processes that will be required. If there are additional terms or definitions that would be helpful, please contact Copper Country Mental Health Services.

DEFINITIONS:

Consumer: *An individual currently receiving services through CCMHS typically diagnosed as having a mental illness and/or a developmental disability.*

Cultural Competency: An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of the minority populations. The cultural competency of an organization is demonstrated by policies and practices.

Developmentally Disabled: Developmental Disability means either of the following:

- A) If applied to an individual older than five years, a severe, chronic condition that meets all of the following requirements;
 - ⌚ Is attributed to a mental or physical impairment or a combination of mental and physical impairments.
 - ⌚ Is manifested before the individual is 22 years old.
 - ⌚ Is likely to continue indefinitely.
 - ⌚ Results in substantial functional limitations in three or more of the following areas of major life activities:
 - 1) Self-care
 - 2) Receptive and expressive language
 - 3) Learning
 - 4) Mobility
 - 5) Self-direction
 - 6) Capacity for independent living
 - 7) Economic self-sufficiency
 - ⌚ Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or extended duration and are individually planned and coordinated.

- B) If applied to a minor from birth to five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in item (A) if services are not provided.

Emancipated Minor: The termination of the rights of the parents to the custody, control, services and earnings of a minor, which occurs by operation of law or pursuant to a petition filed by a minor with the probate court.

Ethical Practices: Delivery of service by agency staff which would be interpreted by a reasonable person as necessary, suitable to condition and humane.

Family Member: A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50 percent of his or her financial support.

Guardian: A person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated or developmentally disabled.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Public Law 104-191, 1996 to improve the Medicare program under title XVIII of the Social Security Act, the Medicaid program under Title XIX of the Social Security Act, and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information.

The Act provides for improved portability of health benefits and enables better defense against abuse and fraud, reduces administrative costs by standardizing format of specific healthcare information to facilitate electronic claims, directly addresses confidentiality and security of patient information-electronic and paper-based, and mandates “best effort” compliance.

Individual Plan of Service “IPOS” : A written Individualized Plan of Services directed by the individual as required by the Mental Health Code. .

Limited English Proficiency: Persons who cannot speak, write, read, or understand English language in a manner that permits them to interact effectively with health care providers and social service agencies.

MDHHS: Michigan Department of Health & Human Services.

Minor: An individual under the age of 18 years.

Natural Support: A person who is involved in an individual’s life other than just for pay.

Person Centered Planning: “Person-centered planning” means a process for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that respects the individual’s preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

Primary Clinician: The staff member in charge of implementing the consumer’s plan of service.

Qualified Provider: A qualified provider is an individual worker, a specialty practitioner, professional, agency or vendor that is a provider of specialty mental health services or supports that can demonstrate compliance with the requirements contained in the contract between the Department of Community Health and CCMHS or its designated subcontractor, including

applicable requirements that accompany specific funding sources, such as Medicaid. Where additional requirements are to apply, they should be derived directly from the consumer's person-centered planning process, and should be specified in the consumer's plan, or result from a process developed locally to assure the health and well-being of consumers, conducted with the full input and involvement of local consumers and advocates.

Self-Determination: Self-determination incorporates a set of concepts and values that underscore a core belief that people who require support from the public mental health system as a result of a disability should take part in defining what they need in terms of the life they seek, have access to meaningful choices, and assume personal control over their lives. Self-determination is based on four principles. These principles are:

- **FREEDOM**: The ability for individuals, with assistance from significant others (e.g., chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the **freedom** to choose where and with whom one lives, who and how to connect to in one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.
- **AUTHORITY**: The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others, as needed. It is the **authority** to control resources.
- **SUPPORT**: The arranging of resources and personnel--both formal and informal--to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the **support** to develop a life dream and reach toward that dream.
- **RESPONSIBILITY**: The acceptance of a valued role of the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life enhancing. This includes the **responsibility** to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

Serious Emotional Disturbance: A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Dept. of Community Health and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

- A. Substance abuse disorder;
- B. A developmental disorder;
- C. "V" codes in the diagnostic and statistical manual of mental disorders.

Serious Mental Illness: A diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental

disorders published by the American Psychiatric Association and approved by the Dept. of Community Health and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:

- A. A substance abuse disorder;
- B. A developmental disorder;
- C. A "V" code in the diagnostic and statistical manual of mental disorders.

TTY/TTD: (Telecommunications Device for the Deaf)

Unimpeded: Without hindrance, barricade or other obstacles.

Section 3 Policies & Procedures

The current version of these Procedures and Policies can be found at the following link on our website: <http://www.ccmh.org/provider-manual-policies-procedures>

Abuse and Neglect	04-27-16 RR
Access to Services	04-27-16 CL
Background Checks	01-27-16 PE
Behavior Treatment Committee	05-27-15 CL
Billing Information	05-27-16 GL
Choice of Mental Health Professional	04-27-16 CL
Clinical Privileging of Individual Practitioners	06-29-16 PE
Code of Ethics	02-23-05 AD
Communication, Telephone and Visiting Rights	04-27-16 RR
Confidentiality	05-27-15 RR
Consent	07-31-13 CL
Consumer Labor	04-24-13 RR
Contract Placements Out-of-County & Within Catchment Area	Jun 2009 GL
Contracting for Clinical Services	04-27-16 AD
Corporate Compliance	05-25-16 AD
Credentialing Program	06-29-16 PE
Disclosure of Ownership, Control & Criminal Convictions	06-29-16 AD
E-mail Usage	05-29-13 AD
Family Planning - Reproductive Health	05-28-14 RR
Freedom of Movement	01-26-00 RR
Grievance & Appeal Processes – Medicaid and Healthy Michigan	06-06-16 RR
Grievance & Appeal Processes – Non-Medicaid	04-27-16 RR

Guardianship	07-28-99 RR
Informed Consent to Psychotropic Chemotherapy	07-31-13Med
Management of Behavioral Emergency	05-25-16 CL
No Reprisal System for Reporting Suspicious Activities	05-25-16 AD
Obligation to Promote & Protect Rights of Recipients	08-31-11 RR
Person-Centered Planning	07-29-15 RR
Pharmacotherapy	07-31-13Med
Photographing and Fingerprinting Recipients	05-28-14 RR
Privileged Communication	07-25-12 CS
Procurement and Provider Selection	04-27-16 AD
Professional Assessments & Tests	07-25-12 CL
Psychotropic Medication	07-31-13Med
Recipient Rights Complaints/Appeals	06-29-16 RR
Recipient Rights Specific to Recipients Receiving Integrated Treatment for Co-Occurring Disorders	04-24-13 RR
Relationship with Recipients and Families	04-24-13 RR
Report, Investigation & Review of Unusual Incidents	12-16-15 CL
Representative Payeeship	07-25-12 RR
Request for Approval for LOA Days from Contract Residential Provider	Jan 2012 GL
Resident's Property and Funds	04-24-13 RR
Right to Access Printed, Broadcast, & Recorded Materials	05-28-14 RR
Rights System	05-28-14 RR
Treatment by Spiritual Means	05-28-14 RR
Use & Release of Protected Health Information	03-30-11 AD