

I. AUTHORIZATION

The CMH has contractual responsibility to "prescreen" all Medicaid covered and indigent persons seeking or being referred for psychiatric care with the Hospital. The CMH'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. Prescreenings are conducted by clinicians who are credentialed by the CMH 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 CMH's Emergency Services clinicians.

- A. The CMH 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 the Hospital independently seeking psychiatric hospitalization.
- B. If the CMH determines that inpatient/partial hospitalization is the most appropriate level of care to address the person's psychiatric crisis, the Hospital will be given an authorization which supports reimbursement for Medicaid beneficiaries or indigent individuals for an identified number of days; typically no more than three (3) days will be authorized at a given time.
- C. CMH prior-authorized and approved continued stay review inpatient and partial hospitalization days will not be subject to retrospective review and subsequent denial of payment. Retrospective review is defined as the process of approving or denying payment for inpatient/partial hospitalization care after the individual has been discharged.
- D. When the individual does not meet inpatient criteria but there is no safe, effective, or appropriate discharge, residence, or alternative level of care available, as reasonably determined by the CMH, the CMH may not deny payment and the Hospital will be paid at the rates set forth in this contract.
- E. For all individuals enrolled in Medicaid or who are indigent, the CMH's designated contact person to the Hospital will report the CMH's payment authorization number to the Hospital's designated staff person within the next business day following admission.
- F. Electroconvulsive Therapy (ECT) requires prior authorization.

II. REAUTHORIZATION

The CMH has contractual responsibility to complete "continued stay reviews" (CSR) for all Medicaid covered and indigent individuals hospitalized through the prescreening process. The Inpatient Affiliation 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 the CMH following subsequent continued stay reviews completed by CMH staff.

- A. The Hospital will notify the CMH's designated contact person if the Hospital decides to discharge the patient prior to the expiration of days authorized at prescreening or from a subsequent continued stay review.

- B. The CMH's assigned continued stay review clinician will call or visit the Hospital to complete continued stay reviews for those patients the Hospital is seeking continued inpatient care beyond the days authorized by either the initial prescreening or a subsequent continued stay review. Completion of the process will be documented on CMH's "Continued Stay Review Form", and a copy will be forwarded to the Hospital. Alternatively, the Hospital may call the CMH directly to request a CSR for additional authorized bed days.
- C. The CMH's assigned continued stay review clinician is to be given access to the patient and all pertinent Hospital clinical records for the purpose of determining the necessity for continued inpatient care. If access to Hospital records is denied, no further inpatient days will be authorized.
- D. The Hospital and/or the Hospital's treating psychiatrist have the right to request a claims reconsideration of the CMH's continued stay review decision as outlined in Section D.
- E. Discharge planning for all Medicaid covered and indigent individuals shall involve CMH staff for the purpose of clarifying, coordinating, and implementing aftercare services.

III. ADMISSIONS

- A. The CMH will assume the following responsibilities:
 - 1. Complete Involuntary Commitment Petition/Application with, or prior to admission.
 - 2. Provide identification data, such as service individual's name, age, marital status, financial information, etc., and history of circumstances surrounding the present difficulties. *
 - 3. 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. *
 - 4. Summarize the mental status examination completed by a mental health professional and provide a diagnostic impression of psychiatric and medical conditions. *
 - 5. Provide an initial management/treatment plan stating the individual's problems, potential problems, and possible interventions. *

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

- 6. CMH as a community representative will participate in individual's deferred treatment process.
- 7. CMH staff or representatives will contact the psychiatric unit admission staff to ascertain bed availability and provide a verbal report of the information

available on the individual referred by CMH. If there is a bed available and the admission staff has accepted the CMH referral, the CMH staff shall be responsible for making arrangements for transportation of the individual to the Hospital psychiatric unit.

8. CMH staff or representatives will maintain any and all necessary contacts with the Court system regarding involuntary patients, inform the Hospital regarding those contacts, and complete alternative treatment arrangements when necessary.

B. The Hospital will assume the following responsibilities:

1. Accept or deny the individual referred by CMH based on bed availability and clinical appropriateness.
2. 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.
3. Inform CMH of all Medicaid/Medicare admissions within twenty-four (24) hours of admission.
4. Coordinate the services provided with Community Mental Health. Notify the Medicaid Health Plan and/or Primary Care Physician regarding medical and mental health issues.
5. Contact the CMH to arrange for discharge planning and response to treatment updates.
6. Hospital and CMH staff functioning as an interdisciplinary treatment team shall conduct discharge procedures and aftercare planning.
7. Prepare all transfer materials in the event that the individual is transferred to a medical or State Facility.
8. Provide complete preliminary discharge information to CMH and the Primary Care Physician within forty-eight (48) hours.
9. Notify CMH of the deferred treatment plan that will be presented to the individual and his/her attorney at the deferred treatment conference.
10. 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.
12. Any relocation of individuals involving the Hospital and another inpatient facility must have the prior authorization of the CMH.

IV. DISCHARGE PROCEDURES

- A. Discharge planning begins at the time of admission.
- B. At the time of discharge, the Hospital will deliver the individual's discharge instruction sheet/summary to the responsible CMH as listed within 48 hours. The summary must include the medications prescribed at the time of discharge.
- C. CMH will assure the individual's return transportation from the hospital.
- D. The Hospital will provide the CMH with a complete discharge packet within fourteen (14) working days of the date of discharge.
- E. 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.
- F. At discharge, the Hospital shall provide the individual with a minimum of a two (2)-week prescription for medication with one (1) refill. The Hospital shall be responsible for the prior authorization of all prescribed medications.
- G. For indigent patients, the Hospital agrees to prescribe medications within the authorizing CMH's medication formulary if one is made available to the Provider.

V. 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. **Cass County Community Mental Health Authority d/b/a Woodlands Behavioral Healthcare Network** - Emergency services are available 24 hours a day, 7 days a week and can be reached through the following phone numbers.
269-445-2451
800-323-0335
- C. **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
- D. **Community Mental Health Services 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

- E. **Community Mental Health of St. Joseph County** - Emergency services are available 24 hours a day, 7 days a week and can be reached through the phone numbers listed below.

269-273-5000 (Monday to Friday: 8 AM to 5 PM)
800-622-3967 (24-hour crisis line)

- F. **Kalamazoo Community Mental Health and Substance Abuse Service** - Emergency services are available 24 hours a day, 7 days a week and can be reached through the phone numbers listed below.

269-373-6000
888-373-6200

- G. **Kent Community Mental Health Authority d/b/a network180** -Emergency services are available 24 hours a day, 7 days a week and can be reached through the phone number:

616-336-3909

- H. **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 INSTRUCTION SHEETS, PACKETS: CONTACT PEOPLE

Allegan County Community Mental Health

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

Cass County Community Mental Health d/b/a Woodlands Behavioral Healthcare Network

Kathy Boes
960 M-60, East Phone: 269-445-2451
Cassopolis, MI 49031 Fax: 269-445-3216

Community Mental Health of Ottawa County

Access Center
12265 James Street Phone: 616-393-5681

**PROVIDER
MANUAL
Section C**

*Community Inpatient, Partial Hospitalization, and ECT Services
Authorization, Reauthorization, and Discharge
Effective: 10/01/09*

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Holland, MI 49424

Fax: 616-393-5653

Community Mental Health Services of Muskegon County

Access Center

125 E. Southern

Muskegon, MI 49442

Phone: 231-720-3200

Fax: 231-720-3299

Community Mental Health of St. Joseph County

Doug Lockwood

210 S. Main Street

Three Rivers, MI 49093

Phone: 269-273-5000

Fax: 269-273-8019

Kalamazoo Community Mental Health and Substance Abuse Service

Access Center

418 W. Kalamazoo Avenue

Kalamazoo, MI 49007

Phone: 269-373-6000

Phone: 888-373-6200

Fax: 269-373-4951

Kent Community Mental Health Authority d/b/a network180

Access Center

833 Lake Drive SE

Grand Rapids, MI 49503

Phone: 616-336-3909

Fax: 616-336-2475

For network180 individuals, the following Providers are designated to authorize care. Provider discharge packets can be sent directly to the following sites:

Adults with Mental Illness:

Touchstone Innovare

201 Sheldon, SE

Grand Rapids, MI 49503

Phone: 616-459-0255

Fax: 616-242-6057

Gerontology Network

516 Cherry, SE

Grand Rapids, MI 49503

Phone: 616-456-6135

Fax: 616-771-9779

Hope Network Behavioral Health

1256 Walker Avenue, NW

PO Box 141124

Grand Rapids, MI 49504

Phone: 616-235-2910

**Pine Rest Community
Case Management**

339 S. Division

Grand Rapids, MI 49502

Phone: 616-222-4570

Fax: 616-235-1436

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

Catholic Charities of West Michigan

40 Jefferson S.E.
Grand Rapids MI 49503
Phone: 616-456-1443
Fax: 616-732-6392

Wedgwood Christian Services

3300-36th 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

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

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 West Michigan

P.O. Box 141
Grand Rapids, MI 49501
Phone: 616-248-5900
Fax: 616-245-4843

West Michigan Community Mental Health System

Tracy Bonstell
920 Diana
Ludington, MI 49431

Phone: 231-843-5420
Fax: 231-845-7095