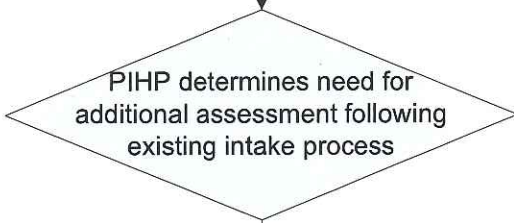
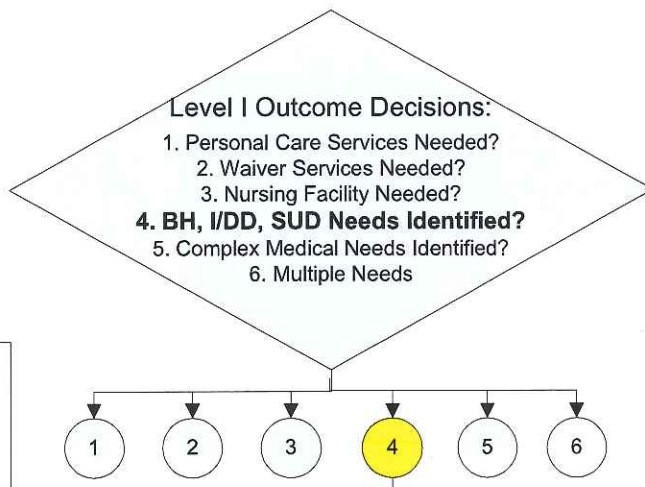


## Care Coordination: Assessment Process Flow

BH, I/DD, SUD Needs

### Acronyms

BH = Behavioral Health  
 I/DD = Intellectual/Developmental Disabilities  
 IICSP = Individual Integrated Care and Supports Plan  
 ICO = Integrated Care Organization  
 ICT = Integrated Care Team  
 M to M = Mild to moderate behavioral health needs  
 PIHP = Prepaid Inpatient Health Plan  
 SUD = Substance Use Disorder



Existing SIS, LOCUS and ASAM can be adopted if not past renewal date

PIHP to conduct in-person Level II assessment

Severe and Persistent Behavioral Health or Substance Use Disorder Needs

PIHP to conduct telephonic screen using the LOCUS tool to determine

Within 15 days of ICO referral

I/DD

MI

SUD

M to M needs

PIHP to conduct Level II Assessment: Supports Intensity Scale (SIS)

PIHP to conduct Level II Assessment: Level of Care Utilization System (LOCUS)

PIHP to conduct appropriate assessment/follow up ASAM

Referral for additional supports or services through the ICO or PIHP/BH provider

Within 15 days of ICO referral

Within 15 days of ICO referral

ICO in coordination with the PIHP to develop IICSP through the Person Centered Planning Process with enrollee and ICT

Within 90 days of Enrollment effective date

ICO in coordination with the PIHP to develop IICSP through the Person Centered Planning Process with Enrollee and ICT

PIHP to conduct SIS, LOCUS and ASAM reassessment and ICO to complete Level I assessment as required or when the health of the enrollee requires or as desired by the enrollee

ICO in coordination with the PIHP conducts reassessments per schedule or as often as health of the enrollee requires or as desired by the enrollee

**MI Health Link Assessment & Care Coordination Process/Flow Outline**  
*BH, I/DD, SUD Needs Identified*

**Process**

- I. State sends enrollment file (834) to CMH monthly.
  - MCCMH uses file 834 to identify MHL enrollees in FOCUS and flags them in red at the top of the consumer record in FOCUS.
  
- II. ICO completes Level I Health Risk Assessment (HRA) within 45 days of MHL enrollment date.
  - HRA is completed either telephonically or face-to-face
    - Level I HRA assesses need for:
      - Non-CMH Personal Care Services
      - Waiver Services
      - Nursing Facility
      - Behavioral Health (including MI, I/DD, &SUD)
      - Complex Medical Needs
    - Level I HRA typically completed by an RN.
      - Or NP, PA, BSW, MSW, LLMSW, LMSW
  - **Please Note:**
    - MHL enrollees currently receiving services through MCCMH will still to have a Level I HRA completed by the ICO. Providers should coordinate care with the assigned ICO. MCCMH will provide assistance if necessary.
  
- III. If the Level I HRA determines that MI, I/DD or SUD needs are present, the ICO will request a Level II assessment from the MCCMH Access Center. The Level II will need to be completed within 15 days of Level I HRA completion date.
  - Level II assessments include:
    - LOCUS for MI (mild, moderate, and severe)
      - Mild to moderate MI assessment may be completed telephonically and again annually
      - Severe MI assessment must be completed face-to-face initially, annually, and/or with significant changes in clinical status.
        - LOCUS must be completed by a Licensed Physician, Psychologist, RN, LMSW or LPC, trained in LOCUS.
    - ASAM for SUD
      - Completed face-to-face initially, annually, and/or with significant changes in clinical status.
    - SIS for I/DD
      - Completed face-to-face initially, every three years, and/or with significant changes in clinical status.
  - **Please Note:**
    - Persons served may decline Level II assessment at time of scheduling
      - Documentation required as to why person is no longer seeking services.
    - It is critical to document every effort made to promote access to services.
    - Care Coordination must be ongoing and is a contractual obligation.
    - All MCCMH contractual obligations apply.

### Requesting authorizations from the Access Center:

1. For consumers without an MCCMH case number/authorization who are receiving services directly from the provider.

- a. E-mail Mary Hare [Mary.Hare@mccmh.net](mailto:Mary.Hare@mccmh.net) and Kate Sturtevant

- [Kate.Sturtevant@mccmh.net](mailto:Kate.Sturtevant@mccmh.net) with subject line "New MHL Consumer."

Indicate *your name and phone, name of agency, consumer's name, address, and date of birth.*

- b. Mary will open the admission in FOCUS and e-mail you back with the case number.

- c. Provider will upload initial intake (if less than a year old), treatment plan, psych eval, and recent medication review, and will e-mail Kate Sturtevant once this is done requesting an initial MHL bundle. Provider is to complete the demographics section in FOCUS.

- d. Provider is to complete the Level 2 assessment within 15 days of the date of authorization and coordinate care with the ICO.

Note: Assigned clinician should be an LMSW. AJ modifier to be used for authorizations where services are provided by an LMSW.

2. New consumers not currently receiving services from a provider, and without a case number or a Level 1 referral.

- a. Call the Access Center and complete a screening.

- b. Access will provide an initial bundle.

- c. Provider is responsible for completing a Level II assessment, face-to-face for SMI consumers within 15 days of completion of Level I (preferably at intake).

3. Care/Caid consumers who have switched to MHL and are open in FOCUS.

- a. Provider to verify insurance.

- b. Provider to e-mail Mary or Kate ([Mary.Hare@mccmh.net](mailto:Mary.Hare@mccmh.net), [Kate.Sturtevant@mccmh.net](mailto:Kate.Sturtevant@mccmh.net))

- c. Access Center will change the authorization bundle as well as the admission as necessary.

Note: Providers serving consumers who have an existing Level I assessment will be contacted by a MHL Access Manager to inform them and let them know that a Level II is needed.

### IV. MCCMH providers & ICO will develop an IICSP, in the presence of the consumer, through the PCP process.

- Completed within 90 days of MHL enrollment.

- **Please Note:**

- IICSP completion is the responsibility of the ICO & MCCMH provider.

- MCCMH provider services identified in the PCP occur as authorized by MCCMH Access Center.

- MI, I/DD and SUD service goals will be integrated in the IICSP with health services goals on behalf of the ICO

## **MI HEALTH LINK ASSESSMENT AND CARE COORDINATION DEFINITIONS**

Key:

AAID – American Association of Individuals and Developmental Disabilities (Developers of the SIS assessment)

ASAM – American Society of Addiction Medicine (Level II level of care assessment for persons with substance use disorders)

HRA – Health Risk Assessment (Also known as the Level I assessment)

ICO – Integrated Care Organization (Medicaid Health Plans: Molina, AmeriHealth, HAP/Midwest, Aetna, Fidelis)

I/DD – Person served who is identified as having Intellectual/Developmentally Delayed

IICSP – Individual Integrated Care and Supports Plan

LMSW – Licensed Master of Social Work

LLMSW – Limited Licensed Master of Social Work

LOCUS – Level of Care Utilization System (Level II level of care assessment for MI persons served)

MCBAP – Michigan Certification Board for Addiction Professionals

MCCMH – Macomb County Community Mental Health (As the PIHP)

MI – Person served who is identified as having Mental Illness

MHL – MI Health Link (Medicare and Medicaid dually-eligible persons served. Spend-downs are excluded)

NP – Nurse Practitioner

PA – Physician Assistant

RN – Registered Nurse

SIS – Supports Intensity Scale (Level II level of care assessment for persons served with intellectual and developmental delays)

SMI – Person served who is identified as having Severe Mental Illness

SUD – Person served who is identified as having Substance Use Disorder

### **MI HEALTH LINK BILLING INFORMATION:**

Submit MHL Claims in their own batches.

- This is a pilot program and we are still enhancing our Focus system. We have several known issues that we are working through. Segregating the MHL claims will ensure that entire batches are not held up for any reason.
- MHL Claims are manually reviewed. This also slows down the processing time.

Submit individual claims for Medicaid vs. Medicare covered services.

- Please do not send in HCPCS (Alpha Codes) within the same claim as CPT (Numeric Codes.)
  - Ex: H0032 submitted on line one of claim while 99213 submitted on line two of claim.
- We must submit encounters to the State as well as the ICO's and cannot split a claim that has been paid out.
- Please follow this guideline to avoid batches being returned.

### **OUTPATIENT CLAIMS:**

Claims should be submitted to MCCMH following the rules of regulations of Medicare and Medicaid.

- Please review the applicable Medicare policies including the coding and billing guidelines.
  - The frequency limitations of services apply
  - The Medicaid provider qualifications chart of who can provide what service applies.
  - The 'incident to' billing rules apply and should be followed.
  - LMSW services must be billed with AJ modifiers as you would bill to Medicare.

### **INPATIENT CLAIMS:**

Claims are being submitted and processed.

- Claims are paid based upon DRG.
- Claims must be submitted for the entire duration of the stay in order to process correctly.
  - Claims will cross the fiscal year because of this. We currently have a fix in development that will allow for this.
  - This situation is due to the ICD-10 guidance from CMS.

### **PARTIAL HOSPITAL CLAIMS:**

This is still in development with our software vendor.

Questions and concerns with regards to any MHL claims should be sent to  
Kristin.desjardins@mccmh.net

# ICO Primary Contacts

## Aetna Better Health / Coventry Cares

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Rachael Godwin	Quality Management	313-465-1535	<a href="mailto:rvgodwin@aetna.com">rvgodwin@aetna.com</a>
Teressa Smith	COO/MHL Liaison	313-465-1548	<a href="mailto:Smitht26@aetna.com">Smitht26@aetna.com</a>
Karen Hammons	Care Coordination	313-465-1616	<a href="mailto:khammons@aetna.com">khammons@aetna.com</a>

## AmeriHealth Michigan

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Karen Curl-Stepney	Personal Care Services	248-663-7358	<a href="mailto:Kcurl-stepney@amerihealthcaritas.com">Kcurl-stepney@amerihealthcaritas.com</a>
Julie Vadino	Care Coordination	215-863-5693	<a href="mailto:jvadino@amerihealthcaritas.com">jvadino@amerihealthcaritas.com</a>

## Fidelis SecureCare/ Centene/ Conterto

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Lisa Barton	IT	949-230-6972	<a href="mailto:Lisa.barton@conertorhealthcare.com">Lisa.barton@conertorhealthcare.com</a>
Care Coordination	Call Center	855-269-8259	

## HAP Midwest

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Angela Lee	Care Coordination	313-827-5733	<a href="mailto:alee@midwesthealthplan.com">alee@midwesthealthplan.com</a>

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# MI HEALTH LINK

Linking Medicare and Medicaid for you

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Agnes Ward	Access Center	<a href="mailto:Agnes.ward@mccmh.net">Agnes.ward@mccmh.net</a>	(586) 948-6143

