

Chapter: **CLINICAL PRACTICE**
Title: **PSYCHIATRISTS' PRACTICE IN MCCMH**

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Proposed by: Traci Smith 01/27/2025
Chief Executive Officer Date

Approved by: Al Lorange 01/28/2025
County Executive Office Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for the practice of psychiatry in the provision of quality mental health services to persons served.

II. APPLICATION

This policy shall apply to all full-time and part-time contracted psychiatrists of the network providers of MCCMH.

III. POLICY

It is the policy of MCCMH that MCCMH full-time, part-time, and contracted psychiatrists shall comply with the psychiatric standards for proper evaluation and treatment of MCCMH persons served.

IV. DEFINITIONS

A. Clinical Records

Confidential files of information, in electronic or paper format, maintained for each MCCMH person served. The records shall contain, at minimum, information pertinent to the services/treatment provided to the person's financial information, informed consent documents, statistical information pertinent to the person's legal status (demographics, etc.), information required by the Michigan Mental Health Code or other provision of law, and information required by MCCMH policies.

B. Credentials

The insignia or letters granted by authorized educational programs, institutions, or professional organizations or associations issued as evidence of an individual's completion of an educational program applicable to practice of a profession.

C. MCCMH Full-time, Part-time, and Contracted Psychiatrist

A psychiatrist whose credentials have been officially recognized and whose privileges have been authorized pursuant to MDHHS standards as detailed in MCCMH Policy 10-070, "Credentialing and Re-Credentialing."

V. STANDARDS

A. Evaluation and Treatment of Persons Served

1. Each newly evaluated MCCMH person served shall be screened and their history reviewed to ensure that the full range of psychiatric and medical considerations are considered when determining a diagnosis and appropriate treatment.
2. An MCCMH network psychiatrist may prescribe or adjust psychotropic medication only after his/her direct psychiatric evaluation of a person served (except when covering for an absent MCCMH psychiatrist whose patient requires a minimal refill on an existing prescription).
3. All persons served stabilized on medication should be evaluated directly by a network psychiatrist at least every three (3) months.
4. The frequency, process, content, and duration of any psychiatric evaluation/intervention should be based on individual need and not on administrative or fiscal consideration.
5. Utilization review of all persons served in continuing care should include medical/psychiatric participation.

B. Psychiatric Signatures

1. An MCCMH network full-time, part-time, or contracted psychiatrist's signature on any clinical record, document, and any related supporting documents that require such signature indicates that he/she has accepted medical responsibility for the person served.
2. It shall be clarified in the clinical record documents, as signed by the MCCMH network full-time, part-time, or contracted psychiatrist, whether the psychiatrist served as the direct provider, supervisor, consultant, or reviewer, with respect to the care and treatment in question.

Note: In a supervisory role, an MCCMH network full-time, part-time, or contracted psychiatrist retains direct responsibility for individual patient care and gives professional direction and active guidance to other staff. The psychiatrist is clinically responsible for the workup, diagnosis, and prescription of a treatment plan, as well as for assuring that adequate and timely attention is paid to the person's physical status and that such information is integrated into the overall evaluation, diagnosis, and planning.

3. An MCCMH network full-time, part-time, or contracted psychiatrist shall sign insurance or other reimbursement forms, in compliance with underlying requirements, only on those persons served whom he/she has directly evaluated and fully reviewed with the treating clinician.
- C. An MCCMH network full-time, part-time, or contracted psychiatrist shall sign documents for disability benefits, social security, or other paperwork related to the return to work, employment benefits, etc., for persons served whom he/she has for patients, has directly evaluated, or fully reviewed with the treating clinician.

VI. PROCEDURES

None.

VII. REFERENCES / LEGAL AUTHORITY

- A. American Psychiatric Association, Guidelines for Psychiatric Practice in Community Mental Health Centers Resource Document, "Guidelines Regarding Psychiatric Signatures" (December, 1999).
- B. MCCMH MCO Policy 2-010, "Standards for Clinical Services Documentation"
- C. MCCMH MCO Policy 2-015, "Psychiatric Evaluations"
- D. MCCMH MCO Policy 2-051, "Psychotropic Medication in Community-Based Settings"
- E. "Guidelines for Psychiatric Practice in Community Mental Health Centers." *American Journal of Psychiatry*, 148(7), pp. 965–966 (December 2006)

VIII. EXHIBITS

None.