

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

NUMBER: DA1084

NAME: COFR (COUNTY OF FINANCIAL RESPONSIBILITY) AND OUT-OF-STATE GUIDELINES

INITIAL APPROVAL DATE:	03/08/2017	BY: Administrative Committee
(LAST) REVISION DATE:	05/03/2023	BY: CIO
(LAST) REVIEW DATE:	05/28/2024	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To outline the process for accessing services to qualifying individuals who may or may not reside in Sanilac County, Michigan.

II. APPLICATION

Populations: All
Programs: **Direct - All**
Contracted - All

III. PROCEDURE

Contract Management will serve as the case monitor for all COFR's (County of Financial Responsibility). This will include individuals that have legal residence outside of the State of Michigan that qualify for services at Sanilac CMH. An Authorization package will be developed and updated by the COO and CIO as needed to assist Contract Management in the initial and ongoing authorization processes.

IV. DEFINITIONS

County of Financial Responsibility (COFR): This is defined as the county that is financially responsible for any resident of their county. An individual's county of residence is the county in which the individual (or their 'parent', if a minor) has maintained his/her primary place of residence at the time he/she entered into a dependent living setting, boarding school, or facility (Michigan's Mental Health Code, 2001, p.53-54). This will also include those individuals whose primary legal residence is outside of the State of Michigan. (SAMHSA CCBHC Mandate)

V. STANDARDS

A. When Sanilac CMH is the COFR and another county CMH or private entity is providing the treatment service:

Initial Process:

New individual (one not seen directly by Sanilac CMH)

- 1) A screening has to be completed by the Access Center to determine eligibility for services and verify county of residence or state of residence.

- 2) The Access Center contacts Sanilac CMH's Contract Management to initiate the COFR process for those individuals that are not residents of Sanilac County but qualify for behavioral health services at Sanilac CMH. This includes individuals that have established residence outside of the State of Michigan. Sanilac CMH COFR support staff will assist Contract Management and complete the following steps:
 - a. Clarify reason for out of county placement and services to ensure services qualify under current COFR Rules.
 - b. Notifies clinical staff to initiate the funding request process and assign a case holder.
 - i. NOTE: If specialized placement is requested, this must be approved by the COO (via Procedure DA1087) and Contract Management must be notified to begin the normal contracting process.
 - c. COFR support staff will contact the requested servicing county to ensure they agree and have capacity, establish Privileging and Credentialing, obtain rates and move forward with the contract process or Letter of Agreement process.
 - d. COFR support staff will authorize the H0031/90791 and H0032 and notify Access of the initial appointment date and time. Access then uploads the screening and appointment information into the EMR.
- 3) Upon receipt of the initial Biopsychosocial and Individual Plan of Service, COFR support staff will submit documents and authorization request to the clinician/case holder of record for Sanilac CMH for review and approval of services requested.
- 4) COFR Support Staff will authorize services for the individual in 6-month increments. If the county or agency providing services requests authorization over the Sanilac CMH grid, supporting documentation must be provided and reviewed by the COO.
- 5) COFR support staff will submit the rates and authorization information to Sanilac CMH's Billing Department for entry into the EMR.

B. Established individual (one who is currently receiving direct services from Sanilac CMH):

- 1) NOTE: If specialized placement is requested, this must be approved by the COO (Procedure DA1087) and Contract Management must be notified to begin normal contracting process.
- 2) Contract Management will initiate the normal functions of establishing a provider contract and inform the COFR support staff of the pending move.
- 3) The primary case holder will contact the proposed servicing county or organization to ensure they will serve the individual. If the proposed servicing agency for clinical services is not the local CMH, but a private provider, authorization to engage in contract services must have prior approval of the COO.

Having been notified of the pending move and contact information for the provider, the COFR support staff will proceed as outlined in steps 3, 4 and 5 above.

Ongoing Process:

- 1) It is the responsibility of the primary case holder to monitor the care of their individuals.
- 2) Every six months, the COFR support staff will obtain clinical documentation from the servicing county or organization. This documentation is limited to the individual's Biopsychosocial, Individual Plan of Service, Periodic Reviews, and any assessments/evaluations required to justify specialty services, such as OT/PT. These documents and the request for authorizations will be submitted to the Sanilac CMH primary case holder for review and approval.
- 3) COFR support staff will return the authorizations (6-month increments) to the servicing provider.
- 4) For any services requested beyond the Sanilac CMH COFR Grid, the COO must be consulted and will make the final determination.

- 5) For any services denied, the case holder will issue an Adverse or Advanced Benefit Determination and send this to the guardian/individual as applicable.
- 6) The COFR support staff will send all clinical documents received for scanning into the EMR.
- 7) If any staff member notices that an out of county individual's authorizations have been exceeded or will be depleted prior to authorization expiration, the COFR support staff should be notified immediately.

C. When Sanilac CMH is the county providing services for another COFR:

Initial Process:

- 1) The COFR CMH or individual's COFR Access Center requesting services calls the Region 10 Access Center.
- 2) The Access Center completes a screening, obtains authorizations for the H0031/90791 and H0032, and contacts the COFR support staff. Authorization numbers should be emailed to the COFR support staff at this time.
- 3) Sanilac CMH will commit to pursuing all third-party revenue throughout the treatment process with any COFR or non-Michigan individual served and will not restrict or prohibit services based on payment.
- 4) The COFR support staff will consult with the Clinical Supervisor/COO to determine if Sanilac CMH will accept the case.
- 5) Upon acceptance, the Access Center is notified by the COFR support staff. Access may then schedule an appointment for the Intake thru the Sanilac CMH Receptionist.
- 6) The individual's intake will be transferred into the EMR referral queue and the designated Data Management staff will open the admission, link the intake appointment, and authorize an H0031/90791 (intake assessment) and enter the appropriate COFR information in the insurance section.
- 7) The COFR support staff will forward authorization numbers for the H0031/90791 and H0032 to the Data Management Department.
- 8) A Sanilac CMH Clinician either obtains needed assessments and screenings from Region 10 partners and completes an amendment; or completes an intake assessment and an Individual Plan of Service (IPOS).
- 9) After completion of the Individual Plan of Service, the Clinician sends ALL clinical eligibility assessments and the IPOS, along with requested authorizations (six (6) month increments) to the COFR support staff.
- 10) The COFR support staff sends all clinical documentation to the COFR organization to obtain approval and authorizations and will notify the primary case holder once approval is received from the COFR county.
- 11) The COFR support staff will notify the COFR County of Sanilac CMH's rates, rate increases and will coordinate the Letter of Agreement process.
- 12) The COFR support staff passes the authorization numbers to Sanilac CMH's Data Management Department for entry into the EMR.

Ongoing Process:

- 1) The COFR support staff will keep track of dates authorizations expire and initiate renewals by submitting the appropriate documentation and/or forms to the COFR County in a timely fashion so there are no lapses in coverage.
 - a. Should the case holder add new services to the individual's plan later, these services must be approved by the COFR County prior to the initiation of services, unless they are of an urgent need.
- 2) The COFR support staff will forward authorization information to the Data Management/Billing Department.
- 3) If any staff member notices that a COFR individual's authorizations have been exceeded or will be depleted prior to authorization expiration, the COFR support staff should be notified immediately.
- 4) The COFR support staff will consult with the COO as appropriate.
- 5) Sanilac CMH's Contract Management shall run a monthly report to ensure that Medicaid coverage is continuous and uninterrupted. Any lapse in coverage shall be reported to the primary case holder, Clinical Supervisor, COO, COFR support staff and COFR County. The COFR County shall make a determination regarding continuation, discontinuation or change in service level during lapse.

VI. **ATTACHMENTS**

VII. **REFERENCES**

- DA1087 – Residential Placement Procedure
- DC1008 – Referrals and/or Transfers of Care