

24/7/365 Access Training for CMHSPs and SUDSPs

Brief Screen and Level of Care (LOC) Determination

- ▶ Both must be completed upon first contact with client
 - ▶ Completing the Brief Screen alone does not provide sufficient information
- ▶ Completing BOTH the Brief Screen and Level of Care is a billable service for SUD providers only
 - ▶ Level of Care Determination is required to be completed within 24 hours of Brief Screen
 - ▶ Ideally done immediately after while individual is still on the phone
 - ▶ REMI will automatically create an authorization once this requirement has been met

REMI Help Videos

MSHN Mid-State Health Network

REMI

Logout Help

PIHP Consumer List

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

First Name	Last Name	AKA or Other Information
<input type="text"/>	<input type="text"/>	<input type="text"/>
PIHP Case #	SSN	Birth Date (mmdyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Affiliate Case #	Medicaid ID	WSA Case ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

SEARCH

0 PIHP Consumers

Name	Case #	SSN	DOB	Current Status / Affiliation
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Wednesday, March 22, 2023 8:30 AM Eastern Time

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Evan Godfrey
TIME-OUT IN: 55 Minutes, 52 Seconds

Help Page - Google Chrome

w3.pcesecure.com/cgi-bin/WebObjects/MSHAdmin.woa/24/wo/cMuXMQ1MPmauNj6X3IYth0/14.ccb9

REMI - Help / Resources

Resource Name: Search

How-To Videos

- 01. How to complete a Brief Screening
- 02. How to complete a Level of Care Determination
- 03. How to complete a SUD Admission
- 04. How to Upload Documents
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- 09. How to Change a Signed Document
- 10. How to complete MAT Specific Documentation
- 11. How to complete the Required Documentation for CMH Access Staff

Documenting Status of First Appointment

[Add SUD Treatment Episode](#)

[Add SUD/OHH Enrollment/Referral](#)

1 SUD Treatment Episode

Date	Provider	Type	Admit / Discharge
05/01/2023	Clinton County Counseling Center (351)	SUD	Not Admitted

[View](#) [Delete](#)

[Void Episode / Referral](#)

[Limited Change](#)

Admission / Update / Discharge

SUD Admission has not been completed for this episode
[Add SUD Admission](#)

Related Documentation

No documents have been attached to this episode
[Scan/Upload Assessment](#) [Scan/Upload Treatment Plan](#)
[Scan/Upload Other Document](#) [Add Toxicology Screen](#)

Authorizations

No Authorizations Exist
[Add SUD Authorization \(Admin\)](#)

Documenting Status of First Appointment

First / Welcoming Appointment

Date of First Appointment

05/01/2023

Time of First Appointment

- Consumer refused an appointment offered that would have occurred within the timeframe
- Consumer chose provider outside of network
- Consumer chose not to pursue services
- No appointment available within 14 days with any staff
- Reason not applicable - Appointment scheduled within 14 days of request

Reason appointment is outside of the 14 days of the request for service.

List the dates offered and the reason the appointment was refused, and any additional relevant information.

Status of the First Appointment

- Consumer Canceled
- Consumer No Showed
- Consumer Rescheduled
- Staff Canceled / Rescheduled
- Unable to be reached

Notes / Additional Relevant Information

Access System Policy

- ▶ Access System Policy

- ▶ MSHN has a “No Wrong Door” approach to accessing services through CMH or SUD provider
- ▶ Individuals seeking information, services, and/or supports for substance use treatment needs may contact any CMHSP or any SUDSP

- ▶ CMHSP 24/7/365 SUD Access Requirements

(Attachment G of the MSHN FY 2023 MEDICAID SUBCONTRACTING AGREEMENT)

- ▶ Attachment G, beginning on page 76, outlines the specifics for access system performance requirements for individuals with primary SUD

Access System Procedure

- ▶ Access System Procedure
 - ▶ SUD Service Providers are not required to operate an access line 24 hours per day, however the SUD Service Provider phone system shall link to the CMHSP access system during non-business hours
 - ▶ Priority populations must be screened and referred to provider within 24 hours of first contact
 - ▶ Receiving SUDSP is required to begin interim services prior to admission date

Block Grant Guidelines

- ▶ [Policy: SUD Treatment - Income Eligibility & Fees \(PDF\)](#)
- ▶ [Procedure: Finance: Substance Use Disorder - Income Eligibility & Fee Determination \(PDF\)](#)
 - ▶ Screening for block grant eligibility is part of eligibility determination that is completed upon first contact

Family Size	200% FPL
1	\$ 29,160
2	\$ 39,440
3	\$ 49,720
4	\$ 60,000
5	\$ 70,280
6	\$ 80,560
7	\$ 90,840
8	\$101,120
Each Add	\$ 10,280

Priority Population Management

- ▶ Found on page 3 of the Access System Procedure
- ▶ “Clients who are pregnant or injecting drug users have admission preference over any other client accessing the system and are identified as a priority population”
- ▶ If client declines offer of admission within the allotted time, this should be documented

Population	Admission Requirement	Interim Service Requirement
Pregnant Injecting Drug User	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	<i>Begin within 48 hours:</i> 1. Counseling and education on: a) HIV and TB b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. d) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Pregnant Substance Use Disorders	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	<i>Begin within 48 hours:</i> 1. Counseling and education on: a) HIV and TB b) Risks of transmission to sexual partners and infants. c) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours – maximum waiting time 120 days:</i> 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. 2. Early intervention clinical services.
Parent At-Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 business hours:</i> Early intervention clinical services.
Individuals Under Supervision of MDOC and Referred by MDOC or Individuals Being Released Directly from an MDOC Without Supervision and Referred by MDOC	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours:</i> Early intervention clinical services Recovery Coach services
All Others	Screened and referred within seven calendar days. Capacity to offer admission within 14 days.	Not required.

Priority Population Management - MDOC Referrals

- ▶ Referral must be generated by MDOC agent
 - ▶ Clients calling stating “my agent (or other MDOC entity) told me to” does not mean they are a priority population and should not be documented as such in the Brief Screen/LOC
 - ▶ MDOC agent must submit the CFJ 306 referral form to designate the client as a priority population
- ▶ MDOC referrals to residential treatment must be approved by MSHN UM department
 - ▶ Direct referring agents to MDOCreferrals@midstatehealthnetwork.org or 844-405-3095 if attempting to make referral directly to residential provider
 - ▶ MDOC referrals to all other levels of care do not require MSHN approval

MSHN Provider Directory

midstatehealthnetwork.org

Navigation icons: home, star, app, settings, user profile, etc.



Mid-State Health Network

Access/Utilization
844.405.3095

Compliance
844.793.1288

Customer Service
844.405.3094

Need Help?
Click for Services

Search

CONSUMERS ▾ PROVIDER NETWORK ▾ STAKEHOLDERS ▾



Welcome to the Mid-State Health Network Website

About MSHN

Mid-State Health Network (MSHN) is the Prepaid Inpatient Health Plan (PIHP) for twenty-one Michigan counties, and is in partnership with the Community Mental Health (CMH) agencies of these counties. MSHN, in partnership with the CMH's and local providers, provides mental health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with intellectual/developmental disabilities, and individuals with substance use disorders. As the manager of services, MSHN will make sure that services are given to you based on your needs and goals and are within the guidelines set by the state of Michigan. MSHN strives to ensure that you and your family members are treated with dignity and respect.



Our Mission

The mission of Mid-State Health Network is to ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.

Our Vision

The vision of Mid-State Health Network is to continually improve the health of our communities through the provision of premiere behavioral healthcare and leadership. Mid-State Health Network organizes and empowers a network of publicly-funded community partnerships essential to ensure quality of life while efficiently and effectively addressing the complex needs of the most vulnerable

citizens in our region

CoronaVirus Disease 2019

(COVID-19): Updates

Upcoming Events

- APR 19** MSHN Substance Use Disorder Oversight Policy Board Meeting
April 19, 2023 | 4 - 5:30 PM
- MAY 9** MSHN Board of Directors Meeting
May 09, 2023 | 5 - 7 PM
- JUN 21** MSHN Substance Use Disorder Oversight Policy Board Meeting
June 21, 2023 | 4 - 5:30 PM


[View All Events](#)

Recent News

Request For Quote - Human Resource Consulting Services 2023
Feb 9, 2023, 12:00 PM

Newsletter February 2023

MSHN Provider Directory

network	CONSUMERS ▾	PROVIDER NETWORK	STAKEHOLDERS ▾
Provider Requirements Become a Provider Community Mental Health Service Participants Substance Use Disorder Policies & Procedures Practice Guidelines		Provider Resources Provider Resources Provider Trainings SUD Provider Newsletters SUD Provider Meetings Coronavirus (COVID-19) Coronavirus (COVID-19) - READINESS, RESPONSE and RECOVERY PHASE Coronavirus (COVID-19) - UNWIND Phase	Provider Information Satisfaction Surveys Calendar of Events Directory 

Definition of Adverse Benefit Determination (ABD)


► **Adverse Benefit Determination:** A decision that adversely impacts the Medicaid Enrollee's claim for services due to: (42 CFR 438.400)

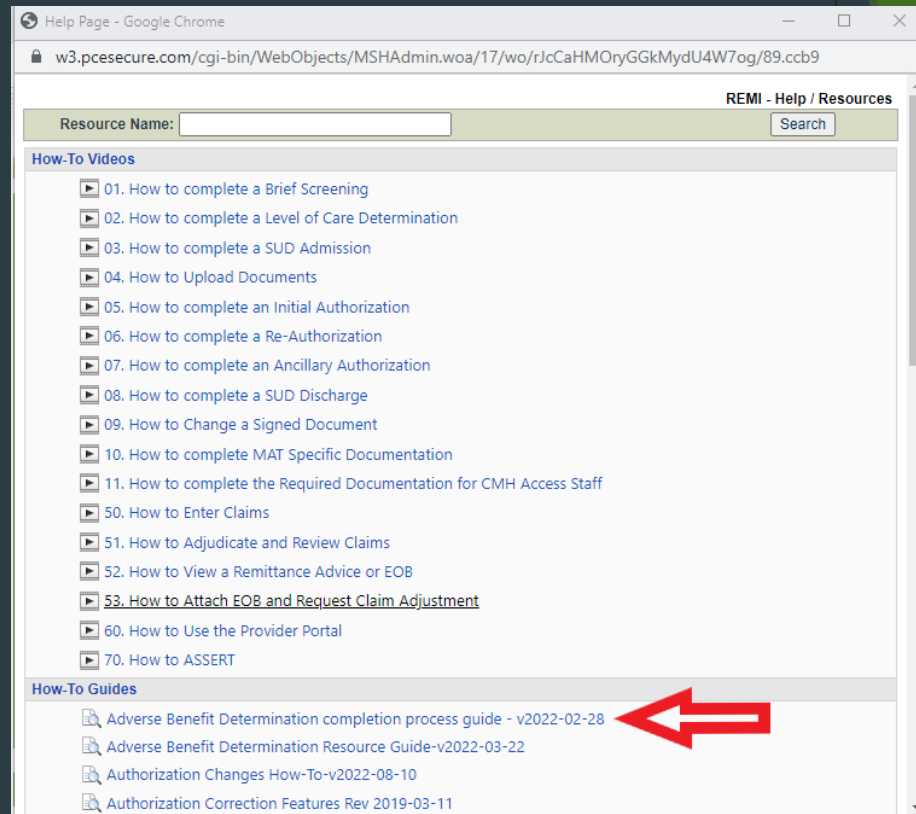
1. Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. 42 CFR 438.400 (b)(1).
2. Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2).
3. Denial, in whole or in part, of payment for a service. 42 CFR 438.400(b)(3).
4. Failure to make a standard Service Authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service. 42 CFR 438.210(d)(1).
5. Failure to make an expedited Service Authorization decision within **seventy-two (72) hours** after receipt of a request for expedited Service Authorization. 42 CFR 438.210(d)(2).

Definition of Adverse Benefit Determination (ABD), cont.

6. Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning (PCP) meeting and as authorized by the PIHP. *42 CFR 438.400(b)(4)*.
7. Failure of the PIHP to resolve standard appeals and provide notice within **30 calendar days** from the date of a request for a standard appeal. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(2)*.
8. Failure of the PIHP to resolve expedited appeals and provide notice within **72 hours** from the date of a request for an expedited appeal. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(3)*.
9. Failure of the PIHP to resolve grievances and provide notice within **90 calendar days** of the date of the request. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(1)*.
10. For a resident of a rural area with only one Managed Care Organization (MCO), the denial of the Enrollee's request to exercise his/her right, under § 438.52(b)(2)(ii), and to obtain services outside the network. *42 CFR 438.400(b)(6)*.
11. Denial of the Enrollee's request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial responsibility. *42 CFR 438.400(b)(7)*.

Documenting an ABD in REMI

- ▶ Select  button in REMI
- ▶ [Adverse Benefit Determination completion process guide - v2022-02-28](#)



Help Page - Google Chrome

w3.pcesecure.com/cgi-bin/WebObjects/MSHAdmin.woa/17/wo/rJcCaHMOryGGkMydU4W7og/89.ccb9

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- ▶ 50. How to Enter Claims
- ▶ 51. How to Adjudicate and Review Claims
- ▶ 52. How to View a Remittance Advice or EOB
- ▶ 53. How to Attach EOB and Request Claim Adjustment
- ▶ 60. How to Use the Provider Portal
- ▶ 70. How to ASSERT

How-To Guides

- ▶ Adverse Benefit Determination completion process guide - v2022-02-28
- ▶ Adverse Benefit Determination Resource Guide-v2022-03-22
- ▶ Authorization Changes How-To-v2022-08-10
- ▶ Authorization Correction Features Rev 2019-03-11

Questions About ABDs?

Contact Dan Dedloff, Customer Service & Rights Manager

517-657-3011

Dan.Dedloff@midstatehealthnetwork.org

Contact Information

- ▶ MSHN UM Department:
 - ▶ 844-405-3095
 - ▶ UM@midstatehealthnetwork.org
- ▶ Evan Godfrey, SUD Care Navigator
 - ▶ 517-657-3358
 - ▶ Evan.Godfrey@midstatehealthnetwork.org
- ▶ Nicole Jones, Utilization Management Specialist
 - ▶ 517-657-3008
 - ▶ Nicole.jones@midstatehealthnetwork.org

Questions?