

**POLICIES AND PROCEDURE MANUAL**

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>SUD Services Single-Case Agreement Procedure</b>		
<b>Policy:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted:</b> 03.01.2018	<b>Related Policies:</b> Behavioral Health Recovery Oriented Systems of Care Service Philosophy and Treatment Utilization Management
<b>Procedure:</b> <input checked="" type="checkbox"/>	<b>Author:</b> Chief Population Health Officer	<b>Revised:</b> 11.12.2024	
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**Purpose**

In keeping with the guiding philosophies of a recovery-oriented system of care (ROSC), Mid-State Health Network (MSHN) will strive to make flexible funding and contracting arrangements in order to procure a customized array of treatment and recovery services. When an individual’s recovery needs or preferences include the use of a service provider that is not part of the MSHN contracted provider network, the following procedure has been established for the use of single-case agreements in order to procure, authorize, and pay for medically necessary services on behalf of the individual.

**Procedure**

**I. Prior Approval for Single-Case Agreements**

- A. If a beneficiary of Medicaid/Healthy Michigan Plan/Substance Abuse Prevention and Treatment (SAPT) Block Grant funding is seeking services through a treatment provider that is not contracted with MSHN, a single case agreement must be approved by the MSHN Access department prior to beginning treatment. If a service provider chooses to render services to a Medicaid/Healthy Michigan Program (HMP)/SAPT Block Grant recipient prior to securing a single case agreement from MSHN, they may not be reimbursed by MSHN for the services.
- B. A MSHN Access specialist will review the request for services and gather sufficient information to make an initial determination about eligibility and medical necessity of the services being requested, including a Request for Service and Level of Care Determination in the REMI system. The Access specialist will ensure the provider receives copies of the following documents:
  - i. MSHN Substance Use Disorder (SUD) Services Single-Case Agreement Procedure
  - ii. MDHHS 5515 Behavioral Health Consent Form
  - iii. MSHN Authorization Request Form
  - iv. MSHN BH-TEDS Admission/Discharge Form

**II. Execution of Single Case Agreement**

- A. After determining eligibility and medical necessity, the Access specialist will complete a “Letter of Agreement (LOA) Request Form” and submit it to the MSHN Contract Manager. The MSHN Contract Manager will facilitate contract negotiations with the identified point of contact from the provider agency. The MSHN Contract Manager will request the following documentation from the provider agency:
  - i Copy of the facility’s current state-issued SUD treatment license; verification through Licensing and Regulatory Affairs (LARA)
  - ii Copy of the facility’s current liability insurance certificate

- iii Copy of the facility's current certificate of accreditation [Council on Accreditation for Rehabilitation Facilities (CARF); The Joint Commission; National Committee for Quality Assurance (NCQA), etc.]
- iv Copy of the facilities MDHHS American Society of Addiction Medicine (ASAM) Level of Care Designation letter

B. Upon receipt of the required documentation, the MSHN Contract Manager will send a single-case agreement to the provider facility for review and signature. Once the signed single-case agreement is returned to MSHN and fully executed by signature of the MSHN CEO the Contract Manager will create a provider account in the REMI system. Note: Provider staff will not receive REMI logins and will not utilize REMI for authorizations or claims submission. The MSHN Contract Manager will provide internal notification to the access, utilization management and finance departments once the contract has been fully executed and the provider account is set up in REMI.

### III. Clinical Authorization of Services

- A. The provider agency must submit the following clinical documentation to the MSHN Access department in order to receive authorization for services. Services will not be authorized until all required clinical documentation is received:
- i. MSHN SUD Consent Form, signed by the individual receiving services
  - ii. Completed MSHN BH-TEDS Admission/Discharge form
  - iii. Completed MSHN Authorization Request Form
  - iv. Copy of completed biopsychosocial assessment
- B. The MSHN Access specialist is responsible for entering all required clinical data in the REMI system and creating an initial authorization for services attached to the provider agency account. The MSHN Access specialist will provide a copy of the approved service authorization to the provider agency. The provider agency is responsible for submitting subsequent MSHN Authorization Request Forms if additional/ongoing services are needed during the treatment episode. The MSHN Utilization Management (UM) department is available to assist with any questions related to service authorization Monday-Friday from 8am-5pm at 1-844-405-3095 or [um@midstatehealthnetwork.org](mailto:um@midstatehealthnetwork.org)

### IV. Claims Processing/Payment

Once an approved service authorization is issued, the provider agency may submit claims in a secure format for service to MSHN on the appropriate claim form for the service being provided. Services should include start and stop times if applicable. An explanation of benefits (EOB) form must accompany the claim form for recipients of service having primary insurance other than Medicaid/HMP/SAPT Block Grant. A copy of the approved authorization should also be submitted but is not required. Clean claims are processed within 30 days and payments are issued on the first and third Fridays of each month.

Claims submission and questions may be directed to [claims@midstatehealthnetwork.org](mailto:claims@midstatehealthnetwork.org).

### V. Required Discharge Reporting

Provider agencies are required to submit a completed MSHN BH-TEDS Admission/Discharge Form to the MSHN UM department upon completion or termination of services for any individuals being served via single case agreements within the following timeframes: **5 days** for withdrawal management and residential levels of care and **60 days** for all other levels of care. MSHN reserves the right to withhold final payment pending receipt of the required MSHN BH-TEDS Admission/Discharge Form.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN CMHSP Participants
- Sub-contract Providers

**Definitions:**

ASAM:

BH TEDS: Behavioral Health Treatment Episode Data Set

CARF: Council on Accreditation for Rehabilitation Facilities

EOB: Explanation of Benefits

HMP: Healthy Michigan Program

LARA: Licensing and Regulatory Affairs

LOA: Letter of Agreement

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

NCQA: National Committee for Quality Assurance

OROSC: MDHHS Office of Recovery Oriented Systems of Care

ROSC: Recovery Oriented Systems of Care

SAPT: Substance Abuse Prevention and Treatment

SUD: Substance Use Disorder

UM: Utilization Management

**Other Related Materials:**

MSHN Authorization Form (Attached for reference)

MSHN BH TEDS Admission/Discharge Form (Attached for reference)

**References/Legal Authority**

N/A

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
04.2018	New Procedure	Director of Utilization Management
02.2019	Annual Review	Director of Utilization and Care Management
07.2020	Biennial Review; added clarifying language about explanation of benefits (EOB) submission with claims	Director of Utilization and Care Management
10.2022	Biennial Review	Director of Utilization and Care Management
06.2024	Revised to reflect responsibilities of new MSHN Access Department in facilitating single-case agreements for SUD services.	Chief Population Health Officer, Chief Financial Officer