

POLICIES AND PROCEDURE MANUAL

Chapter:	Population Health		
Title:	CCBHC Recipient Enrollment & Disenrollment Procedure		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 4	Review Cycle: Biennial Author: Chief Population Health Officer	Adopted Date: 05.09.2023 Review Date: 01.07.2025	Related Policies: CCBHC Recipient Eligibility Policy

Purpose

To ensure that Mid-State Health Network (MSHN) follows the Certified Community Behavioral Health Center (CCBHC) contractual and policy requirements with the Michigan Department of Health and Human Services (MDHHS) regarding assignment of eligible recipients to the appropriate CCBHC. MSHN shares this responsibility for ensuring continued access to CCBHC services and is responsible for meeting minimum requirements and coordinating care for eligible CCBHC recipients.

Procedure


MSHN has delegated CCBHC recipient eligibility to its provider network. This includes intake, assessment diagnostics, and attainment of a signed Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515). CCBHC providers must provide documentation that indicates a potential CCBHC recipient meets eligibility for the CCBHC benefit, including diagnostic verification and the completion and attestation of the Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515).

MSHN provides oversight and monitoring relative to CCBHC access and eligibility of Medicaid and Non-Medicaid recipients recommended for enrollment in one of its CCBHCs. MSHN requires and will monitor that the CCBHC has policies and procedures in place that ensure that attempts to collect the MDHHS-5515 consent form have taken place before requesting assignment of a CCBHC recipient to a CCBHC in the Waiver Support Application (WSA). Services can be provided before the consent is obtained or if a CCBHC recipient denies signing the 5515 CCBHC services should be provided to an eligible recipient before being assigned to a CCBHC in the WSA. However, as soon as appropriate, the CCBHC and Pre-Paid Inpatient Health Plan (PIHP) shall assign the person into the CCBHC via the WSA.

MSHN Enrollment and Recipient Assignment:

MSHN will use the WSA for CCBHC assignment management activities, including report generation. MSHN assignment management includes the following:

- 1) Work with the CCBHCs in its region to assign eligible recipients in the WSA.
- 2) Review CCBHC uploaded information for potential Medicaid and Non-Medicaid CCBHC recipients.
- 3) MSHN shall review the recipient WSA recommendation via the “Edit” function to ensure a response is provided in the “Consent Obtained” field and that the “Clinical Criteria” box has been checked.
 - a. MSHN does not need to be identified on the Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515). MSHN is covered by 45 CFR 164.506

- which allows for uses and disclosures to support treatment, payment, and health care operations. The consent is not required to be uploaded to the WSA. 
- b. MSHN will ensure that the CCBHC has acknowledged appropriate privacy/consent requirements in the WSA file during the initial assignment of an individual to a CCBHC. The CCBHC may be required to obtain a consent if the CCBHC recipient has a Substance Use Disorder (SUD) diagnosis. In accordance with 42 CFR Part 2, information pertaining to the diagnosis and treatment of SUD will not be shared by MSHN to the CCBHC without prior written consent of the recipient. A consent is only needed for MSHN to share info with CCBHC. As the payer, MSHN can receive information from the CCBHC about SUD diagnosis and treatment it provides without specific consent. In the event the MSHN has determined that by reassigning an existing case, such as through transfer, would reveal SUD information, the CCBHC will be required to obtain a 42 CFR Part 2-compliant form (i.e., MDHHS-5515 form) prior to the PIHP sharing/assigning the case.
 - c. The CCBHC must attest that Clinical Criteria are met and must select the most appropriate response to indicate if Consent has been obtained. MSHN will also review the “MDHHS 5515 Consent” and “Other Document” sections in the event any uploaded documents have been reviewed, however the CCBHC is not required to upload either document.
 - d. MSHN will verify acknowledgement of attaining a consent (or that appropriate regulations will be followed) and attestation that the diagnosis meets ICD-10 criteria as listed in the MI CCBHC Handbook.
- 4) MSHN shall also review the “View” function for Case Info, Demographics, Mental Health, Physical Health Counts, and Other Counts. This is done to ensure there are no potential errors.
 - 5) After verification, MSHN must include a PIHP Consumer ID (if they do not already have one in the region) within the WSA. MSHN is not able to assign the case in the WSA without a PIHP Consumer ID. The PIHP Consumer ID is auto-generated when a recipient is opened in the CCBHC’s electronic medical record (EMR). MSHN will not be able to assign the recipient to the CCBHC until the CCBHC submits a BH TEDS admission record for the recipient.
 - 6) MSHN will then assign the CCBHC recipient to the appropriate CCBHC.

MSHN CCBHC Recipient Disenrollment:

- 1) The CCBHC shall recommend recipient disenrollment to MSHN through the WSA.
- 2) The CCBHC shall select the most appropriate Disenrollment Reason (e.g., Administrative Dismissal, Assigned in Error, Beneficiary is unresponsive, Deceased, Hospice, Moved, or Voluntary Disenrollment).
- 3) The CCBHC shall complete the Disenrollment Comment as appropriate. MSHN may follow up if clarification is needed.
- 4) The CCBHC shall then select the “Recommend Disenroll” button to submit the disenrollment recommendation to MSHN for review.
- 5) MSHN shall review the recommended disenrollment and will take one of the following actions:
 - a. Send the recommendation back for more information. A reason for sending back will be provided and the case will be sent back to the CCBHC work queue to be addressed.
 - b. Deny the recommended disenrollment. A denial reason will be selected and saved. The status reverts to “Assigned” and the recipient remains active,
 - c. Approve the disenrollment.

MSHN CCBHC Recipient Transfer Processes:

- 1) When recommending enrollment of a recipient in the WSA, a CCBHC may receive an alert indicating the individual is already enrolled in a different CCBHC. If an alert occurs, the CCBHC that is attempting to enroll the recipient can reach out to the CCBHC where the recipient is currently enrolled and ask them to initiate the transfer. The receiving CCBHC can also request assistance from MSHN who will coordinate with the appropriate PIHP to initiate the transfer.
- 2) The CCBHC will use the WSA to recommend to MSHN any transfer of a recipient.
- 3) The CCBHC shall enter detailed transfer comments into the WSA as a part of the transfer transaction.
- 4) The CCBHC should also select and upload the MDHHS 5515 Consent, as appropriate (see the WSA CCBHC Training Manual), if SUD information is likely to be present in the transfer.
- 5) The CCBHC then submits the recommendation to the MSHN WSA queue for review.
- 6) The transfer recommendation will automatically be moved to the PIHP work queue as an “Enrolled (Transfer Recommended)” case status. The PIHP will review the CCBHC transfer recommendation and approve, send back for more information, or deny the transfer.
- 7) The “new” PIHP region will receive the transfer request and either approve, send back the request for more information, or deny the transfer.
 - a. If the transfer is denied, the beneficiary will remain in “Enrolled” status. The existing CCBHC site/PIHP will discuss next steps and possibly disenroll the individual from the CCBHC if they are no longer receiving services.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
 - MSHN’s CCBHC Affiliates: Policy Only Policy and Procedure
 - Other: Sub-contract Providers

Definitions/Acronyms:

Assigned: Medicaid or non-Medicaid CCBHC recipient assigned to a CCBHC in the WSA. This action is completed by the PIHP.

CCBHC: Certified Community Behavioral Health Center.

DCO: Designated Collaborating Organization. An entity not under direct supervision of the CCBHC but is in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC.

Disenrolled: Medicaid or non-Medicaid recipient disenrolled from the CCBHC.

Eligible: Medicaid or non-Medicaid person who is eligible for CCBHC services. These individuals are not yet assigned to a CCBHC in the WSA.

Enrolled: Medicaid beneficiary who is enrolled in the CCBHC benefit plan in CHAMPS.

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network.

PIHP: Prepaid Inpatient Health Plan.

Provider Network: refers to MSHN CMHSP Participants and SUD providers directly under contract with MSHN to provide/arrange for behavioral health services and/or supports. CCBHC services and supports may be provided through direct operations or through the DCO arrangements.

Recommended: Medicaid or non-Medicaid eligible recipient recommended by a CCBHC for assignment by the PIHP.

SUD: Substance Use Disorder

Transfer: an option the recipient can utilize to change CCBHC providers. It is recommended that the recipient establish a lasting relationship with their chosen CCBHC.

WSA: Waiver Support Application

Related Materials:

References/Legal Authority:

1. 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records
2. 45 CFR 164.506 Use and Disclosures for Treatment, Payment, and Health Care Operations
3. MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program
4. Michigan Medicaid Provider Manual, (current edition).
5. Michigan Certified Community Behavioral Health Clinic (CCBHC) Handbook, Version 1.3
6. Waiver Support Application: Certified Community Behavioral Health Clinic User Training Manual

Change Log:

Date of Change	Description of Change	Responsible Party
3/22/2022	New MSHN procedure.	PIHP
5/15/2024	Biennial Review – Edited for clarity and to be more concise; edits do not represent any substantive changes to process or workflow	Chief Population Health Officer