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 Owner: *Michele Vasconcellos: Director, Customer Service*  
 Policy Area: *Customer Service*  
 References:

## CRSP Member Re-Engagement and Case Closure Policy

### POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that its Clinically Responsible Service Providers (CRSP), Substance Use Disorder (SUD) programs, and Contracted Providers must initiate re-engagement prior to a case closure for children and adults who never started or are no longer receiving mental health, developmental disability and/or substance use services.

### PURPOSE

The purpose of this policy is to provide procedural and operational guidance to DWIHN, Clinically Responsible Service Provider (CRSP), and all staff involved in the re-engagement and case closure functions.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Staff, Contractual Staff, Direct Contracted Network Providers and their subcontractors.
2. This policy serves the following populations: Adults, Children, I/DD, SMI, SED, SUD, Autism
3. This policy impacts the following **contracts/service lines**: Medicaid, SUD, Autism, Grants, General Fund. **This policy does not apply to MI Health Link population due to their status as MI Health link members and unique requirements of contracts with the Integrated Care Organizations.**

### KEYWORDS

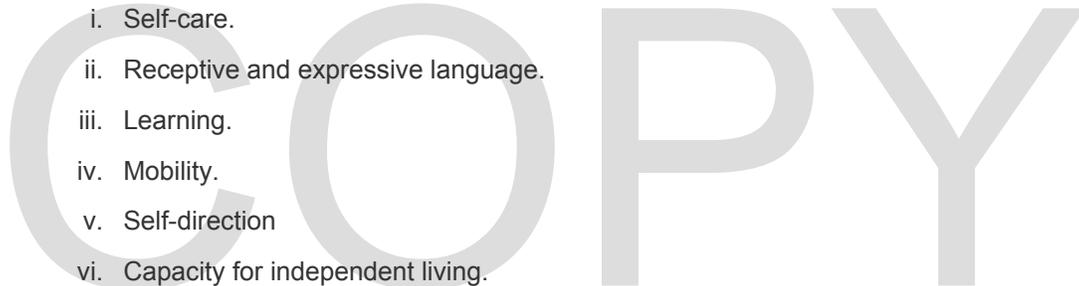
1. Case Closure: This is a provider function. A case is closed for clinical or administrative reasons. The case closure process ensures re-engagement and the activities within the "Customer Service (CS) Enrollee/member Appeals Policy" are followed.
2. Dis-enrollment: This is a DWIHN function. It is a process of inactivation of a consumer's record in the DWIHN data system by virtue of having been terminated from all Lines of Business who have provided services.
3. Enrollment: This is a process by which an eligible person is recorded in the DWIHN data system by virtue of being accepted into a Line of Business
4. Functional impairment means both of the following:

- a. With regard to serious emotional disturbance, substantial interference with or limitation of a minor's achievement or maintenance of 1 or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.
- b. With regard to serious mental illness, substantial interference or limitation of role functioning in 1 or more major life activities including basic living skills such as eating, bathing, and dressing; instrumental living skills such as maintaining a household, managing money, getting around the community, and taking prescribed medication; and functioning in social, vocational, and educational contexts.

5. Intellectual/Developmental disability means either of the following:

- a. If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:
  - 1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
  - 2. Is manifested before the individual is 22 years old.
  - 3. Is likely to continue indefinitely.
  - 4. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
    - i. Self-care.
    - ii. Receptive and expressive language.
    - iii. Learning.
    - iv. Mobility.
    - v. Self-direction
    - vi. Capacity for independent living.
    - vii. Economic self-sufficiency.
  - 5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- b. If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in intellectual/developmental disability as defined in subdivision (a) if services are not provided.

- 6. Line of Business: DWIHN has various lines of business a consumer can be enrolled in, including SUD, Direct Contract Provider and MI Health Link. A consumer may be enrolled in one or more Lines of Business at any given time. A consumer may also be enrolled in more than one provider within a Line of Business at any given time.
- 7. Line of Business Initiation: This is an Access function of acceptance of an eligible person into a Line of Business in accordance with specific processes and procedures. A person may be admitted to one or more Line of Business at any point in time.
- 8. Re-engagement: Re-engagement activities are targeted at consumers who have never presented for the start of scheduled services or have withdrawn from participation in the treatment process prior to the successful completion of treatment. The intent is to encourage the consumer to begin or continue



receiving services. It is an opportunity to reconnect with a consumer and/or their supports, determine acuity and risk, assess consumer stabilization and medication adherence and to avoid re-hospitalization.

9. Serious emotional disturbance means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:
  - a. A substance use disorder.
  - b. A intellectual/developmental disorder.
  - c. "V" codes in the Diagnostic and Statistical Manual of Mental Disorders.
10. Serious mental illness means a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:
  - a. A substance use disorder.
  - b. A intellectual/developmental disorder.
  - c. A "V" code in the Diagnostic and Statistical Manual of Mental Disorders.

## STANDARDS

The Clinically Responsible Service Provider (CRSP) is identified as the provider (chosen by the member) responsible for the coordination of the person-centered planning process and the treatment planning process. This includes but is not limited to conducting intakes, completing applicable assessments, and assigning the appropriate level of care for community-based services. The treatment planning process includes the development of the Individual Plan of Service or Master Treatment Plan, requesting authorizations for the services identified in the Individual Plan of Service, monitoring service provision, conducting periodic reviews and addendum to the Individual Plan of service when requested by the member or warranted due to changes in level of need or significant life events.

### I. CRSP RE-ENGAGEMENT

1. The CRSP is required on an ongoing basis to monitor their members' activity within their own Electronic Medical Record (EMR) or member's chart. It is the CRSP's responsibility to determine those individuals that have not been seen/contacted within 60 calendar days. This applies to SED, SMI and IDD populations. SUD members that have not had face-to-face contact within 45 calendar days are determined to be inactive and may be considered eligible for disenrollment.
2. During the course of monitoring the CRSP is responsible for attempting to re-engage their enrollee/ members that have withdrawn from participation in the treatment process. Re-engagement is an

opportunity to reconnect with a member and/or their supports, determine acuity, risk, ensure enrollee/member stabilization, medication adherence and to avoid re-hospitalization. Based on circumstances, re-engagement activities must include a combination or repetition of outreach activities. These activities must comply with HIPAA guidelines and prior contact permissions that the individual/guardian has granted in order to maintain member privacy rights.

3. All attempts to re-engage the enrollee/member must be documented in the comprehensive clinical record. Appropriate Consent for the Release of Information may be required. It is the responsibility of the assigned CRSP to ensure that outreach and re-engagement efforts are clinically appropriate and tailored to the individual needs of the member/enrollee. It is required that a combination of no less than three (3) attempts be made using the following outreach activities.
  - a. Contact the person/legal guardian by telephone/electronic communication at least twice when the person may be expected to be available (e.g., after work or school);
  - b. Contact the person/legal guardian or a natural support person face-to-face, if telephone contact is insufficient to locate the member (N/A SUD);
  - c. Send a re-engagement letter to the current or most recent address requesting contact, except when a letter is contraindicated due to safety concerns (e.g., domestic violence) or confidentiality issues. The provider will include a copy of the letter sent in the comprehensive clinical record and uploaded into MHWIN;
  - d. Phone and/or Mail (standard or electronic) communication to the emergency contact or natural supports (when an appropriate consent for release of information is available) except when this communication is contraindicated due to safety concerns (N/A SUD);
4. Outreach attempts need to be inclusive of reviewing significant events such as: admission for in-patient services, a behavioral health crisis, refusal of prescribed psychotropic meds, release from county jail or detention facility before dis-enrollment is established.
5. After unsuccessful re-engagement efforts, the CRSP is responsible for generating and sending out an **Advance Adverse Benefit Determination** letter to the last known address of the member/guardian and this information must be documented as part of the HIE. The **Advance Adverse Benefit Determination** letter is available in MHWIN under the **Consumer Notification** tab and should be mailed to the member within at least 10 calendar days prior to the documented effective date of the action. This document can be created using the Consumer Notification module in MHWIN. If the provider does not have the capability to have the notice shared with DWIHN via the Health Information Exchange (HIE) process, the CRSP must go to MHWIN.com and enter the information manually. Please note that this letter is to be sent to the consumer/guardian ten days prior to the termination date for Medicaid members and 30 calendar days prior to the termination date for the Uninsured/Underinsured population
6. Discharge occurs when the CRSP has successfully completed the minimum of 3 re-engagement attempts. The discharge is documented in the CRSP electronic medical record (EMR) and the CRSP is required to discharge the consumer utilizing the Open Consumer No Service List in MHWIN.

## II. CASE CLOSURE

It is the responsibility of the CRSP to perform case closure. Discharge from one Line of Business does not affect admission status in another. Final discharge and case closure can occur for any of the following reasons and should be taken into consideration:

1. **Clinical Factors:**

- a. Lack of Contact: The individual has never received services following the intake or gone without services for more than 90 calendar days for SED, SMI, and IDD members/enrollees or 45 calendar days for SUD members/enrollees' period of time without having completed the treatment plan.
- b. Member Did Not Have a Face-to-Face Assessment with a Behavioral Health Professional: If the member/legal guardian was never seen for a face-to-face assessment by a mental health professional following determination of eligibility, the case is to be closed after all re-engagement activities have been exhausted.
- c. Further Treatment Declined: A member's episode of care must be ended if the member/ legal guardian decides to refuse continued behavioral health services. Prior to ending the episode of care, the behavioral health provider must ensure the member **does not meet** clinical standards for initiating a pre-petition screening or petition for treatment process (N/A SUD).
- d. Completion of Treatment: An individual's episode of care must be ended upon completion of treatment. Prior to ending the episode of care, the behavioral health provider and the member/legal guardian must mutually agree that behavioral health services are no longer needed.

## 2. **Administrative Factors**

- a. Enrollee/Member No Longer Meets Eligibility Requirements:
  - i. Member/Enrollee no longer meets clinical or program eligibility requirements of DWIHN's Priority Populations. (See Procedure and Form for LOC2 Exceptions for Individual with MI attachment). Pregnant women in the Infant Mental Health (IMH) program are to be excluded.
  - ii. Member's benefit plan or lack of benefit coverage does not allow for continuation of services. This is applicable only to the mild/moderate population including SUD members.
  - iii. For SUD members/enrollees DWIHN will identify monthly all members/enrollees who have not had a service claim within 45 calendar days. If a SUD client has not had a face-to-face within 45 calendar days their case must be closed on their last date of service.

## 3. **Relocation**

- a. Individual is relocating outside of the state
- b. Individual is relocating to an independent setting within the state to an area outside of the DWIHN region and wishes to receive ongoing behavioral health services from a different PIHP.

## 4. **Indefinite Confinement**

- a. Confirmation that an individual, aged 18 or older is to be confined for a year or more to a jail/state penal institution. Individuals who are part of the "Early Release Program" or the "Administrative Jail Release Program" are an exception and would remain with DWIHN (N/A SUD);
- b. If a youth is confined to a Juvenile Justice residential facility beyond a period of 1 (one) year, their case will be disenrolled. (N/A SUD)
- c. Confirmation that an individual is indefinitely confined to a nursing home (N/A SUD).

## 5. **Member Deceased**

- a. Confirmation that the individual is deceased requires disenrollment from all Lines of Business, to be effective on the date of the death. Notification should be made to DWIHN's Quality and Recipient Rights department.

**Note: If there are any other factors that are not included in the aforementioned list for closure consideration, it is the responsibility of the CRSP to notify DWIHN's UM Department.**

Individuals that are discharged from all lines of business will show up in the MHWIN Open Consumer No Service List and will prompt the initiation of the disenrollment process by DWIHN.

**Note: Should a member show up in the MHWIN Open Consumer No Service List that does not belong to the CRSP, it is the CRSP's responsibility to notify the Access Center immediately.**

## **QUALITY ASSURANCE/IMPROVEMENT**

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of CRSPs, and contracted providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy

## **COMPLIANCE WITH ALL APPLICABLE LAWS**

DWIHN staff, CRSPs, and contracted providers are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

1. Pursuant to the requirements of the Balanced Budget Act (BBA) of 1997.
2. Michigan Mental Health Code (258 PA 1974).
3. Michigan Department of Health and Human Services Medicaid Provider Manual.
4. Michigan Department of Health and Human Services/CMHSP Managed Mental Health Supports and Services Contract.

## **RELATED POLICIES AND PROCEDURES**

1. DWIHN Customer Service Enrollee/Member Appeal Policy
2. DWIHN Member Grievance Policy
3. DWIHN SUD Recipient Rights Policy
4. Michigan Mission Based Performance Indicator #4a,

## **RELATED DEPARTMENTS**

1. Children's Initiative
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Information Technology
6. Integrated Health Care
7. Legal
8. Managed Care Operations

- 9. Management & Budget
- 10. Quality Improvement
- 11. Recipient Rights
- 12. Substance Use Disorders
- 13. Utilization Management

## CLINICAL POLICY

NO

## INTERNAL/EXTERNAL POLICY

EXTERNAL

### Attachments

[CRSP Policy- Transition Document for LOC 2.docx](#)

### Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	pending
Yolanda Turner: Legal Counsel	06/2021
Shama Faheem: Chief Medical Officer	05/2021
Allison Smith: Project Manager, PMP	04/2021
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John Pascaretti	02/2021
Gail Parker	02/2021
Michele Vasconcellos: Director, Customer Service	01/2021

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