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

PIHP DISENROLLMENT 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, intellectual/developmental disability and/or substance use services. **It is not until after a case closure has occurred that DWIHN will begin the disenrollment process.**

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 dis-enrollment functions.

APPLICATION

This policy applies to DWIHN, Clinically Responsible Service Providers (CRSP). This policy serves all populations: Adults, Children, Adults with Severe Mental Illness (SMI), Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and, Children and Adults with Substance Use Disorders (SUD). This policy impacts the uninsured or under- insured enrollee/member as well. **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. 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.
5. 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.
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

Enrollees/members who have withdrawn from participation in the treatment process prior to the successful completion of treatment, declined services or did not appear for scheduled services will be offered ample opportunities by the Clinically Responsible Service Provider (CRSP) for re-engagement that are clinically appropriate and suited to their condition. Disenrollments will only occur after engagement efforts are exhausted and notification time lines are documented. Disenrollment from DWIHN services will occur only after a member has been disenrolled from all lines of business.

The CRSP will ensure that all appropriate engagement efforts have been exhausted by following up with the provider and obtaining any notification documentation.

1. The service provider will indicate that the individual is ready for disenrollment from their line of business. Utilizing MHWIN's Open Consumer No Service List they will record the disenrollment reason.
2. The CRSP will then identify in the MHWIN's Open Consumer No Service List module indicating that this individual meets the criteria for disenrollment. i.e. based on no services or LOCUS scores. (Applies to the adult SMI population only)
3. Those individuals that have been disenrolled post the 30 days disenrollment process may wish to re-enter the community behavioral health system. The Customer Service and/or Access Call Center is available to assist with re-entry questions. Re-entry will follow these guidelines:
 - a. A person wishing to return to a Line of Business they have been disenrolled from and it is still within

120 calendar days, they do not require a new eligibility determination by the Access Center. The individual is to be referred to the provider to go through the provider's intake process. If the individual has received a behavioral health assessment in the last 120 calendar days and there has not been a significant change in his/her behavioral health condition, the provider must use the most current assessment, along with a review/revision of the most recent Individual Plan of Service (IPOS).

- b. If a disenrolled individual has not received a behavioral health assessment in the prior 120 calendar days, the provider is to conduct a new behavioral health assessment and develop a new IPOS.
 - c. Individuals who have been away from services for more 120 days and have been disenrolled and are requesting to start/resume non-emergent services, must go through the Access Center for eligibility re-determination.
 - d. Disenrolled individuals will have an open case during a psychiatric hospitalization. The case will be closed at the time of hospital disenrollment and the individual must go through the Access Center for eligibility re-determination for ongoing behavioral health services. This must be done in a timely manner to meet the Michigan Mission Based Performance.
4. Those individuals that call DWIHN's Customer Service requesting an appeal of a disenrollment decision are to be immediately referred to the appeals division.
 5. DWIHN's Customer Service will monitor the Open Consumer No Service Queue periodically for auditing and reporting purposes.
 6. Customer Service will have the ability to generate reports on the following elements:
 - a. Number of dis-enrollments
 - b. Number of calls received by an individual regarding disenrollment
 - c. Number of Appeals related to disenrollment

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
 - Claims Management
 - Clinical Practice Improvement
 - Compliance
 - Information Technology
 - Integrated Health Care
 - Legal
 - Managed Care Operations
 - Management & Budget
 - Quality Improvement
 - Recipient Rights
 - Substance Use Disorders
 - Utilization Management

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments

- [Customer Service Member Locus Disenrollment Letter.docx](#)
- [Customer Service Member Locus Disenrollment Letter- Referral.docx](#)

Approval Signatures

| Approver | Date |
|-------------------------------------|---------|
| Yolanda Turner: Legal Counsel | pending |
| Shama Faheem: Chief Medical Officer | 05/2021 |
| Allison Smith: Project Manager, PMP | 04/2021 |
| Judy Davis | 04/2021 |

| Approver | Date |
|---|-------------|
| Vicky Politowski: Integrated Health Care Director | 04/2021 |
| Bernard Hooper: Compliance Officer | 02/2021 |
| Leonard Rosen: Medical Director | 02/2021 |
| Ebony Reynolds: Clinical Officer | 02/2021 |
| Brooke Blackwell: Chief of Staff | 01/2021 |
| Jacquelyn Davis: Director of Access and Crisis Services | 01/2021 |
| Stacie Durant: CFO Management & Budget | 01/2021 |
| Manny Singla: CIO | 01/2021 |
| Kimberly Flowers: Provider Network Clinical Officer | 01/2021 |
| Tiffany Devon: Director of Communications | 01/2021 |
| Jody Connally: Director, Human Resources | 01/2021 |
| April Siebert: Director of Quality Improvement | 01/2021 |
| Andrea Smith: Director of Workforce Training & Program Devel. | 01/2021 |
| Ricarda Pope-King | 01/2021 |
| Miriam Bielski: Call Center Director | 01/2021 |
| crystal Palmer: Director, Children's Initiatives | 01/2021 |
| June White: Provider Network Administrator | 01/2021 |
| John Pascaretti | 01/2021 |
| Melissa Moody: Chief Clinical Officer | 01/2021 |
| Jean Mira: Director of Purchasing | 01/2021 |
| Darlene Owens: Director, Substance Use Disorders, Initiatives | 01/2021 |
| Polly McCalister: Director Of Recipient Rights | 01/2021 |
| Shirley Hirsch: Director of Residential Services | 01/2021 |
| Gail Parker | 01/2021 |
| Michele Vasconcellos: Director, Customer Service | 12/2020 |

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