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Policy Area Clinical

Clinically Responsible Service Provider (CRSP) Responsibilities Procedure

PROCEDURE PURPOSE

To provide guidelines and supplement the DWIHN Provider Manual and to the Scope of Service in the contracts with the providers in the DWIHN Network that have been identified as “Clinically Responsible Service Providers” or CRSP (as seen in the Member/Enrollee Chart in MH-WIN).

EXPECTED OUTCOME

Clearly articulated roles and responsibilities will ensure the highest level of services are delivered to the individuals within DWIHN. DWIHN Staff and Network Providers will understand the following:

1. The process by which a CRSP is assigned and changed as requested by the member/enrollee.
2. The expectations for a CRSP to coordinate effectively and efficiently for all individuals within the network,
3. Data reporting and quality assurance

PROCEDURE

CRSP is identified as the provider (chosen by the member) responsible for the coordination of the person- centered and 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 provisions, 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.

CLINICAL SERVICES

The CRSP is identified as the provider (chosen by the member) that is responsible for:

1. Intake and assessments, including biopsychosocial, level of care (LOC), clinical protocols (completed and/or coordinated), case management, completing the Behavioral Health Treatment Episode Data Set (BH-TEDS), etc. The CRSP is responsible for engaging members and re-engaging those who have not been seen (see the Re-Engagement and Disenrollment Policy).
2. **Informing members of Rights & Responsibilities** (share the DWIHN Member Handbook and Know Your Rights Booklet for Mental Health and Substance Use Disorder Treatment).
3. **Person-centered planning** process which includes – but is not limited to - the development of the Individual Plan of Service (IPOS) or Master Treatment Plan with SMART goals, requesting authorizations for the medically necessary services, monitoring service provision, conducting periodic reviews of progress toward goals, preparing Behavioral Treatment Plans when required, addendums to the IPOS when requested by the Member or warranted due to changes in level of need or significant life events, and Discharge Planning.

Note: All Mental Health CRSP must have a Behavior Treatment Plan Review Committee (BTPRC) in place.

4. Utilizing the DWIHN authorization decision guidelines and UM Policies and Procedures, the CRSP is responsible for **requesting authorizations of clinically appropriate services** and review of clinical and programmatic performance.
5. Assisting members in **enrolling in the** full array of Medicaid services that are medically necessary, including but not limited to the Waiver Services – Habilitation/Supports, Children's, SED Waiver, SUD Waiver and Specialty services (i.e., Autism, Crisis Stabilization, Psychiatric Inpatient services),
6. **Linking and coordinating with supportive services** to meet the needs in the IPOS/Master Treatment Plan that are provided by:
 - a. Support services (i.e., Specialized Residential AFC Homes, Respite, Drop-in Centers, Workforce Development)
 - b. Substance Use Disorder: A CRSP who provides services to children and adults with Substance Use Disorders must provide the full array of services: <http://dwihn.org/programs-services/substance-use-disorders/>
 - c. Medical and Dental Services (coordination of care is also required with any health care provider, agency, natural or community support as identified in the member's IPOS.)
 - d. Insurance which includes monitoring Member's Medicaid status, assist with reapplication process, submission of General Fund Request, submission of applicable medical costs to the DHS office, as needed.
7. Facilitating the engagement or transition to another level of care (i.e., from children's to adult services or inpatient hospitalization to outpatient) with sharing the appropriate clinical

information with Michigan Behavioral Health Standard Consent Form within 48 hours of referral, sharing:

- a. Diagnosis on record,
- b. List of current medications if applicable,
- c. Name and contact information of case manager/supports coordinator,
- d. Covered Services being provided.

ADMINISTRATIVE SERVICES

Administrative responsibilities include:

1. Assure and update accuracy of demographic information in MH-WIN, including:
 - a. Member name,
 - b. Current Address
 - c. Birthdate
 - d. Contact information (including guardian)
 - e. Medicaid id
2. Determining Medicaid eligibility and ensuring that Medicaid benefits do not lapse.
3. Completion of Ability to Pay (including SUD) and submission of spend down documentation
4. Ensure completeness, transmission and maintenance of all data requirements.
 - a. A CRSP shall either submit the IPOS in DWIHN's Electronic Health Record (EHR) by directly entering the information into DWIHN's EHR or at its sole, exclusive cost and expense, electronically submit data utilizing the data specifications identified by DWIHN in the format specified by DWIHN. A CRSP shall submit the IPOS into the EHR system within 48 hours of completion.
 - b. Electronic data specifications will be created at the discretion of DWIHN. In situations where industry standards are not available, DWIHN will develop a local standard for transferring data into the DWIHN central repository.
 1. IPOS (current with any amendments)
 2. Ensuring TEDS data is updated
 3. Bio Psychosocial
 4. LOCUS
 5. SIS (I/DD)
 6. Crisis Plan
 7. PHQ-9/PHQ-A
 8. CAFAS/PECFAS
 9. DECA
 10. Required Michigan Mission Based Performance Indicators
 11. American Society of Addiction Medicine (ASAM)

5. Submission of accurate and timely claims to avoid fraud, waste and abuse.

CUSTOMER SERVICE

The CRSP will designate a Customer Service Administrator responsible for ensuring that all Customer Service, policies, procedures and reporting are in adherence.

1. Orientation: a CRSP will provide orientation to newly enrolled Members, in accordance with DWIHN's New Member Orientation Policy. **All Members shall receive an orientation at least annually thereafter.** Such orientation will include, but not be limited to: information about benefits and services available within the CRSP; the broad array of services (Social Security Administration, Department of Human Services, Parks and Recreation, Federal Housing programs, etc.) available within the community; a Member Handbook; and contact information about DWIHN's Customer Services. A CRSP will make all such information available to all Members who receive Covered Services from the CRSP. A CRSP will notify Members of their right (and access) to such information and materials not less than once each year.
2. Outreach: A CRSP will have a policy and procedure(s) regarding its involvement in the community, including advocacy on behalf of individuals and families; outreach activities and programming; brochures readily available in the community; maintenance of physically accessible premises.
3. Education and Awareness: A CRSP shall continue to provide mental health education and awareness training to communities in Michigan. Such training shall include, but not be limited to: increasing knowledge of advocacy issues and resources within the mental health community; promoting understanding and education of mental health among the general population, and establishing communication with underserved populations.
4. Member Involvement and Empowerment: A CRSP will have a policy regarding Member involvement and a process which documents the involvement of Members, families, advocacy groups in the CRSP's agency and network of direct service providers. A CRSP shall expand, improve and demonstrate stakeholder involvement in all aspects of the organization and ensure that the organization fosters and demonstrates the spirit of empowerment of Members. A CRSP will work in cooperation with DWIHN on efforts regarding Member empowerment initiatives and implement measures to improve and advance those initiatives.
5. Members can decide to change their CRSP due to various reasons. Current should address reasons for change and if possible, work with individual to resolve any concerns in reference to dissatisfaction. If CRSP Change needs to occur, the individual must complete the "**Clinically Responsible Service Provider (CRSP) Change Form**". CRSP changes will be completed by the Access Center.
6. Compliance: A CRSP will ensure compliance with the Customer Service Standards. A CRSP is responsible for developing policies and procedures that will adhere to Standards VI: Customer Services; Standard VII: Grievances; Standard VIII: Enrollee Rights and Protections; and Standard XIV: Appeals. A CRSP shall comply will annual audits and other audits as deemed appropriate.

Due Process

1. Grievance: A CRSP shall comply with DWIHN policies, procedures and processes to document and assist in the resolution of grievances and complaints received by Provider and/ or

forwarded by DWIHN.

2. Appeals: A CRSP will provide required Adequate or Advance Notice whenever there is a proposed or actual denial, termination, suspension or reduction in services requested by or provided to a Member and at the time of a new or updated IPOS. All such notices will be provided in accordance formats approved by DWIHN. A CRSP will submit required data elements in accordance with applicable Federal or State statutes, rules and DWIHN Policy and Procedures and schedules.
3. A CRSP will assure that persons receiving Covered Services are notified of and assisted with accessing grievance and appeal rights while they are receiving Covered Services under this Agreement.
4. A CRSP will ensure that training is provided to all employees who are involved in the treatment planning and utilization management processes on Due Process rights afforded to Members, and that employees are tested to show competency. Such training and testing will be in a format provided by or approved by DWIHN; updated annually; and documented in the employee's record or personnel file.
5. A CRSP will designate a "Due Process Coordinator" who shall be responsible for ensuring compliance with all Due Process policies as well as serving as the principle contact for all Due Process matters. A CRSP will promptly notify DWIHN of its current Due Process Coordinator and immediately notify DWIHN of any and all changes in the individual performing that function.

QUALITY ASSURANCE

The CRSP is responsible for developing and implementing a Quality Assurance Performance Improvement Plan (QAPIP) in accordance with DWIHN guidelines. The written description must contain a detailed explanation of the structure of the QAPIP system with objectives aligning with DWIHN's Strategic Plan. The plan must evaluate the QAPIP program at least annually.

The CRSP is responsible for ensuring all data is entered related to Critical/Sentinel Events into the MH-WIN system in accordance with DWIHN policy and procedures: "Reporting Critical/Sentinel Events and Death Reporting Policy". The CRSP must ensure that all required supporting documentation is included in each event in accordance with the published time-frames (critical incident reports, sentinel events, plan of action, root cause analysis). The CRSP must ensure that all staff entering data into the

Critical/Sentinel Event module are qualified to review the event (i.e. licensed clinicians: behavioral health/medical), and monitor the implementation of corrective actions necessary to prevent the re-occurrence of the identified problem. The CRSP will ensure that a Peer Review Committee is reviewing and documenting these processes for annual reviews.

RESOURCES

For additional guidance see:

1. [Michigan Medicaid Provider Manual](#)
2. [DWIHN Policies and Procedures, including the Provider Manual](#)
3. [SAMHSA-HRSA Center for Integrated Health Solutions](#)

MONITORING STEPS

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|--|-----------------------|
| Who monitors this procedure: | Quality Administrator |
| Department: | Quality |
| Frequency of monitoring: | Quarterly Reports |
| Reporting provided to: | QISC |
| <p>Comments: This policy is tied to the overarching policy Eligibility and Screening. Additionally, this procedure should be reviewed in conjunction with the following documents to provide a complete understanding of the expectations of the Clinically Responsible Service Provider:</p> <ol style="list-style-type: none"> 1. IPOS Individual Plan of Service / Person Centered Plan 2. Network Monitoring and Management | |

Approval Signatures

| Step Description | Approver | Date |
|---------------------|--|---------|
| Policy Admin Review | Allison Smith: Project Manager, PMP | 09/2022 |