

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

Date Issued 3/24

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I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall determine of the county of financial responsibility (COFR) by consulting the rules and principles outlined in the COFR Technical Requirement contained in the MDHHS/CMHSP Managed Mental Health Supports and Services Contract; and Section 306 of the Michigan Mental Health Code.

III. DEFINITIONS:

- A. County of Financial Responsibility (COFR): The County which is determined, according to criteria in the MDHHS contract attachment C.1.3.1 and Section 306 of the Michigan Mental Health Code, to be financially liable for the cost of specialty benefit services provided by a Community Mental Health Services Program (CMHSP).
- B. Dependent Living: A person who resides in a state facility, or a dependent living setting such as a licensed foster care home, licensed family foster care group home, or as defined in the Mental Health Code as defined in Section 306. If a person resides in an unlicensed setting where the level of care and intensity of service required is equivalent to a dependent living setting, the consumer shall be considered to be in a dependent care setting for the purposes of COFR. Equivalency to dependent care shall be established when the individual's Person Centered Plan provides for provision of eight or more hours of specialized services and/or supports in the residence each day.
- C. Living Independently: A person who does not reside in a school, a state facility, or a dependent living setting such as a licensed foster care home, licensed family foster care group home, or as defined in the Mental Health Code as utilized in Section 306 and defined in Attachment A.
- D. Out of Network Services/Providers: Services or service providers, which are not part of the menu of supports and services and/or service provider panel which is included in informational materials

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and available to St. Clair County individuals seeking mental health services. Such services and providers are distinguished from Network Services/Providers in the following ways:

1. Service providers are not employed by or under a network contract with a CMH Provider serving the consumer's geographical area;
2. The service or provider is utilized infrequently;
3. The service or provider is utilized because unusual consumer needs or particular consumer choices have been identified as part of the person centered planning process or because of unusual medical circumstances or issues of social necessity. Such services may also be obtained because the CMH Provider does not have required capacity.
4. Out-of-Plan services and/or providers may also be used if the consumer is out of the board's service area when the need for emergency services is manifested.

#### IV. STANDARDS:

- A. SCCCMHA and its network providers shall follow the requirements of the County of Financial Responsibility (COFR) technical requirement, as contained in the MDHHS/CMHSP Managed Mental Health Supports and Services Contract, Attachment C1.3.1. (Exhibit A).
- B. SCCCMHA shall adhere to the *CCBHC Demonstration Handbook* Section 2.C.8. County of Financial Responsibility (COFR) which states that agreements between clinics, who are both CCBHCs, should not occur for CCBHC eligible services regardless of the individual's county of residence. COFR agreements should still be honored for non-CCBHC services rendered.
- C. SCCCMHA and its provider panel shall employ the-guiding principles noted in Attachment A in implementing its COFR policy/administrative procedures.
- D. SCCCMHA shall attempt to determine each person's COFR at the point of a request to access the specialty behavior health care services. It is understood, however, that the Access Center is conducting a brief phone screening, and the person's COFR may not be identified until time of the face-to-face clinical intake assessment, when conducted at the CMHSP level. In this regard, the CMHSP shall be responsible for verifying the COFR.
- E. Out of area services which are provided because of an emergency need manifested while the consumer is out of the St. Clair County area will be authorized when notification has been received from the CMHSP serving the provider. Retroactive authorization may be made if the CMHSP receives persuasive documentation that earlier identification and notification of the COFR was not possible due to the consumer's circumstances.
- F. Equivalency to Dependent Living: An "equivalency to dependent living" determination shall be made to identify the COFR when a person is living independently, but is receiving specialty services equivalent to "dependent care services."

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1. The “equivalency standard” is when the person’s level of care and intensity of service is identified in the Individual Plan of Service (IPOS), developed through a person-centered planning process, provides for the provision of eight (8) or more hours of specialized services and supports in the person’s residence each day.
  2. Under such circumstances, when a person from another COFR catchment area either moves into and/or requests mental health services SCCCMHA, and the services required meets the “equivalency of dependent care” standard noted herein (i.e. eight hours), the COFR shall not transfer to SCCCMHA.
- G. The involved CMHSP shall provide the chief executive officer with any information or assistance deemed reasonable to represent SCCCMHA at the Dispute Resolution Hearing.
- H. Out-of-Networking Purchasing: If the CMHSP is the COFR and subsequently needs to purchase a medically necessary behavioral health care service(s) off-panel and/or out-of-county, either due to (i) limited service capacity, or (ii) pursuant to consumer request, the CMHSP shall:
1. Contact the CMH of the county where the consumer desires to reside and/or receive specialty services to arrange payment for necessary services; or, if the off-panel provider will be contracted with directly, shall directly contact the off-panel provider.
  2. Assess and determine the credentials of the provider to deliver necessary services, following the CMHSP/PIHP’s credentialing and privileging policy /administrative procedures for organizational and/or practitioner providers.
    - a. If the off-panel provider is a CMH, the CMH shall assess if the CMH is currently certified by MDHHS for both mental health and recipient rights, by receiving a copy of their certification letter(s).
    - b. If the off-panel provider is a non-CMH the CMH shall ensure the prospective provider has the necessary organizational credentials, as specified in the SCCCMHA credentialing administrative procedures, to provide desired specialty services.
    - c. Request for all organizational providers the submission of the Organization Application and the Conflict of Interest Attestation Form.
    - d. Ensure all practitioners have the required credentials and training to provide the desired services (e.g. this may be done by credentialing the practitioner, or having the organization submit a copy of their credentials/privileges into the CMH).
  3. Contract with the off-panel provider, ensuring the contract addresses the following areas:
    - a. The CMHs role in the person-centered planning process;

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- b. Treatment Authorization and Reauthorization; (Level 1);
- c. Adverse Benefit Determination Payment Rate(s) for each authorized service;
- d. Claims Submission and Claims Verification/Payment process;
- e. Grievance and Appeals Management;
- f. Recipient Rights Management;
- g. Encounter data submission: 837/835 processes;
- h. MDHHS data submission;
- i. Medical Record Information (holder);
- j. Service Discharge Planning/Termination Notice and Involvement

4. Each CMHSP shall be at financial-risk for paying any Medicaid claim that does not meet the clinical protocols and policies of PIHP.

- I. Converse Network Purchasing: Any CMH may contract with another COFR CMH for desired services for an out-of-area resident desiring services in St. Clair County if section 2.C.8. (COFR) of the CCBHC Demonstration Handbook is followed.
- J. If a necessary service covered under the CMH contract is unavailable within the CMH's sub-network, the CMH shall adequately and timely cover the service out-of-network for as long as the CMH is unable to provide the medically necessary service.
- K. The CMH shall require out-of-network providers to coordinate with the CMH regarding service coordination and payment.

V. PROCEDURES:

See Attachment C1.3.1

VI. REFERENCES:

- A. MDHHS/CMHSP Managed Mental Health Supports and Services Contract- MDHHS Attachment C1.3.1 FY2024
- B. CCBHC Demonstration Handbook: 2.C.8. County of Financial Responsibility (COFR)

VII. EXHIBITS:

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A. MDHHS/CMHSP Managed Mental Health Supports and Services Contract- MDHHS Attachment C1.3.1 FY2024

VIII. FORMS:

None Available

IX. REVISION HISTORY:

Dates issued 08/04, 11/06, 05/08, 10/11, 3/13, 05/14, 05/15, 11/16, 11/17, 03/19, 02/20, 03/20, 12/21, 01/22, 1/23.

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## **COUNTY OF FINANCIAL RESPONSIBILITY**

### **Technical Requirement for CMHSPs**

#### **I. INTRODUCTION**

Lack of statutory clarity with respect to establishing County of Financial Responsibility (COFR) has, in some cases, resulted in delays of appropriate services to consumers, protracted disputes and inconsistency of resolution across the state. This is particularly true for consumers who have never received services from a state operated facility and for whom financial responsibility is thus not addressed directly by Chapter 3 of the Mental Health Code. CMHSPs are statutorily responsible for serving persons 'located' in their jurisdiction even when responsibility for payment is in question. This technical requirement provides a contractual basis for determining County of Financial Responsibility and a process for resolving disputes, regardless of funding source.

This technical requirement is based on the following principles:

- • Consumers have a right to choose where they live, unless restricted by court order.
- • Consumer requests for particular providers, regardless of location, must be considered within the person-centered planning process.
- • Capitation payments are intended to be a means of funding PIHPs to provide defined benefits to eligible beneficiaries within a system of services. As such, they are not intended as payment for services to any identified individual consumer. Therefore, this Requirement assumes that the receipt of a PEPM payment should not be considered in determining the COFR, nor is specific consideration of the amount of a PEPM a factor in determining the obligation to pay of the COFR.
- • Funding for persons served through the Habilitation Services (1915-C) Waiver is intended to support services to named individuals. Thus, such funding should be considered when determining the payment obligation of a COFR when the consumer is served outside the COFR.
- • Consumers served according to the terms of this contract must be provided appropriate service without delay resulting from issues of financial responsibility. Community Mental Health Services Programs/Prepaid inpatient Health Plans will act ethically to provide service to consumers meeting eligibility requirements when the COFR is disputed.

#### **II. ESTABLISHING COUNTY OF RESPONSIBILITY**

**A. General Rule.** For persons served under the terms of this contract, the financially responsible CMHSP is the one that served them in the county where they last lived independently.

- **B. Children.** The COFR will be the county where the child and parents have their primary residence. For temporary and permanent wards of the State or court (including tribal), the COFR is the county where the child currently resides in the community (i.e., licensed foster care home, relative placement, or independent living) as long as the foster care case remains open. For adopted children, once

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- adoption proceedings are completed, the COFR is the county where the adoptive parents have their primary residence.

In the case of divorced parents, the COFR is the county in which the parent with legal and physical custody resides. If the parents have joint legal and physical custody, the COFR is the county of residence of the parent with whom the child lives while attending school.

In the case of a child placed by parents into the custody of a legal guardian with authority to consent, the COFR is the county in which the guardian resides, for the period of the placement. If the parent(s) place the child into the custody of another adult without guardianship, the COFR remains the county where the parent with legal and physical custody resides.

In the case of a voluntary placement of a child by parents into a 24-hour dependent care facility funded by a CMHSP, the COFR is the residence of the parent with legal and physical custody at the time of placement. If the parent(s) move during the placement, upon the children's discharge, the COFR is the county in which the parent with legal and physical custody resides.

A child who is legally emancipated, or reaches age 18, and establishes an independent residence shall be considered a resident of the county where he or she resides. A child who is discharged from a dependent care setting upon reaching age 18, and who is not a ward of the court, and establishes an independent residence shall be considered a resident of the county of that residence. The General Rule (A above) shall apply to a child who attains adult status by reaching the age of 18 or through legal emancipation when discharged into a new dependent setting, or when that adult chooses to remain in the same dependent setting, so long as that individual is no longer a ward of the court.

- **C. Adults.** Consumers have the right to choose where they live, unless restricted by a court order.
  - The choice shall be considered to be the consumer's/guardian's choice when it is not instigated or facilitated by a service manager or provider. Assistance by service managers or providers in a County to notify another County of the consumer's decision to move shall not be determined to be facilitation of the choice.

When a consumer, who is living dependently, chooses to relocate from County A to County B into a dependent living situation, the COFR shall remain the county in which he/she last lived independently. When a consumer relocates to a dependent setting in County B from an independent setting in County A, County A shall remain the COFR, under any of the following circumstances:

- There is an existing agreement between County A and County B; or
- MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY24: Attachment C1.3.1

- County A has continued to provide and pay for Mental Health Services; or
- The consumer requests services from County B within 120 days of relocation

When the CMH (including direct or contracted service providers), or MDHHS office initiates and facilitates the relocation of an adult consumer from County A to County B, County A shall remain the COFR.

When the consumer and/or his/her family wishes to obtain services in county B because services in County A have been determined to be unavailable through a Person-Centered Planning process, County A remains the COFR, with responsibility to authorize and pay for the service, if that service meets eligibility guidelines utilized by County A.

- **D. Persons Living in Unlicensed Settings.**

Unlicensed settings are generally considered to be independent living. The COFR is the CMHSP serving the county where the residence is located. If the consumer's Level of Care and Intensity of Service required is equivalent to a dependent living setting, the consumer shall be considered to be in dependent care for the purposes of COFR. Equivalency to dependent care shall be established when the individual's Person-Centered Plan provides for provision of eight or more hours of specialized services and/or supports in the residence each day.

- **E. Provision of Specialized Mental Health Treatment Services to Persons in Nursing Homes.**

For provision of OBRA Specialized Services, the COFR is the county in which the nursing home is located. For mental health services which are not specialized, financial responsibility shall be assigned as in A. above.

- **F. Jail.**

CMHSPs are responsible to provide mental health services to their local county correctional facilities (jails) on the same basis as they provide services to other persons located in their geographical jurisdiction. CMHSPs shall work with Jail personnel to ensure that all reimbursements for health services are pursued, including the county's (not the CMHSP's) responsibility to pay for the costs of health care. If a jailed individual requires State provided inpatient care, the COFR shall be the COFR prior to the individual entering jail. When an individual is released from jail and establishes an independent residence in the county of the jail, the COFR shall be the county in which the residence is located. If the person is released into a dependent setting, the COFR shall be assigned according to the General Rule (A. above).

- **G. State Correctional Facility.**

When an individual is released, at the end of his/her sentence or on Parole, the COFR shall be the County in which the individual last lived independently prior to entering the correction facility, under the following circumstances: MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY24: Attachment C1.3.1



- The individual has been receiving *specialized* mental health services in Prison, and is determined to have a continued and immediate need for services; or
- The individual requests specialized services, or is involuntarily committed for specialized services within 30 days of release AND
- Meets the eligibility standards for Medicaid or access standards of the CMHSP for GF funded services.

- **H. Extent of Financial Liability.**

The County which is financially responsible shall pay the full cost of authorized services provided beginning on the date the consumer enters the service system.

It is the responsibility of the serving CMHSP to notify the COFR that a consumer has initiated a request for service or has been served in a crisis situation. Should the consumer’s clinical condition prohibit gathering of information to determine COFR, the COFR’s liability shall be limited to 30 days prior to notification by the serving board.

- **I. Standard for Response by COFR.**

Upon notification that a consumer has requested services outside its jurisdiction, the COFR shall respond to a request by the servicing Program/PHP within the Access Standard timelines for all consumers, as specified in this contract.

- **J. PEPM Payments/Medicaid Residency Status.**

Serving CMHSPs shall work to change Medicaid Residency Status, and the corresponding PEPM payment, where appropriate. However, Medicaid Residency status, and the PIHP receiving the capitated payment are not determining factors in establishing COFR.

- **K. Contractual Arrangements.**

Nothing in this Requirement precludes a contractual arrangement between CMHSPs/PIHPs which specifies conditions, standards, or protocols other than those contained in this document, so long as those provisions are consistent with statute and regulation and do not violate provisions found elsewhere in this contract. When such arrangements provide for the permanent transfer of responsibility, the following conditions must be met.

1. It is optional; all parties agree to the arrangement
2. It applies to adult consumers only
3. The contract applies to consumers who are in stable, long-term living arrangements outside their ‘home’ CMHSP, without plans to move
4. The principles underlying the COFR agreement remain intact, including the consumer’s right to choose
5. The consumer’s service array, based on needs assessment and consumer choice will not be altered as a function of this contract

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6. For HSW enrollees, the HSW certificate will be transferred upon MDHHS receipt of documentation from both the 'home' and the 'serving' PIHPs with an effective date of transfer
7. The end date of the contract is the beginning of the fiscal year when the capitation rate of the 'serving' county includes the costs reported

### **III. DISPUTE RESOLUTION**

Good faith efforts to resolve disputes, utilizing principles of ethical conduct, and the standards contained in this document must be made prior to initiating this Dispute Resolution process. In order to facilitate informal dispute resolution, each CMHSP/PHP shall provide the name of a responsible contact person to the manager of this contract and to the MACMHB for publication on its website. This good faith effort shall include documented notification of the Executive Director of each CMHSP regarding the known facts and areas of disagreement within two business days of identification of the disagreement.

When formal Dispute Resolution is required, the following process shall be used:

#### **A. Dispute Resolution Committee.**

A COFR Dispute Resolution Committee, consisting of three persons, shall be constituted annually, at the beginning of the fiscal year. One person shall be appointed by MDHHS and two shall be appointed by the MACMHB. Vacancies on the committee shall be filled within ten days. The Committee shall appoint its chair by consensus. The MACMHB shall appoint a third person who will serve as an alternate representative in cases which would present a conflict of interest for one of the regular representatives.

#### **B. Initiation of Dispute Resolution.**

Either party may initiate dispute resolution by notifying the MACMHB and the MDHHS Contract Manager identified in this contract in writing.

#### **C. Fact Finding.**

The MACMHB shall notify each Board/PIHP, and all members of the Dispute Resolution Committee, within three business days of receiving notification, that a formal dispute has been received. Each CMHSP shall respond to MDHHS and the MACMHB, with a copy to the other CMHSP/PIHP, within three business days with a written response, including

- The facts as each entity sees them.
- The rationale for their position, including documents to support their position. In cases involving a child who is a ward of the court, documents must include a court order which establishes the 'court of record/jurisdiction'. Additional documents may be presented at the hearing.

MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY24: Attachment C1.3.1

#### **D. Dispute Resolution Meeting.**

The Dispute Resolution Committee will designate a time and place for a resolution meeting, which will be held no later than 30 days following submission of the facts identified in B. above. At this time

- Each CMHSP's (or PIHP's in cases involving Medicaid) designated responsible representative will attend. Each representative will be provided an opportunity to make a verbal presentation regarding the case. Each CMHSP (PIHP) representative must be empowered by its CMHSP (PIHP) to negotiate a settlement of the dispute.
- Should a negotiated settlement not be reached at this meeting, the committee will meet, without others present, to arrive at a decision reached by majority vote of the Resolution Committee.
- The decision shall be reached, and conveyed to the disputing parties, on the day of the meeting.
- A record of each proceeding, including documentation of the facts and the decision, shall be kept by the MDHHS and by the MACMHB for public review.

#### **IV. DEFINITIONS**

**“Living Independently”**. The following factors will be used to determine whether a person is ‘living independently’:

- The location in which the person is residing is not transient. For example, residing in a motel or hotel which is rented by the day or week, without intent to remain in the community is not considered ‘living independently.’ Likewise, placement in a half-way house upon release from jail or prison is not considered ‘living independently.’ Living in a vehicle is also not considered ‘living independently.’
- Migrant workers shall be considered the responsibility of the CMHSP in which they are housed.
- The intent of the individual to be part of the community shall be considered. For example, persons who are homeless, living on the street or in a shelter shall be considered part of the community, when the intent of the person is to remain in the community.
- The location in which the person resided prior to moving into a county was not a boarding school, a facility, or a dependent living setting as defined in the Mental Health Code and utilized in Section 306 thereof.

**Provider.** As used in Part II, C above, means a provider of specialized behavioral health services or a dependent living site regardless of whether such services are delivered under contract with a CMHSP/PIHP.