BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

SUBJECT: Residential Rate Determinations for Non-Corporate Providers	SECTION: 07-06-01 Page 1 of 3
APPLICATIONS: All Case Coordinators, Utilization Review Specialists, Contract Personnel REVISED: 10/01, 04/05, 3/08, 04/08, 04/09, 07/10, 11/11, 11/12, 05/13, 06/14, 9/15, 4/16, 2/17, 3/18, 3/19, 8/19, 6/2020, 2/2022, 2/2023, 2/2024	REQUIRED BY:

POLICY

It is the policy of Berrien Mental Health Authority (BMHA) to assure all individuals who require mental health services have easy access to culturally competent, professional care and that all types of care are well documented, coordinated, confidential, and are designed to meet the individual's expressed or assessed needs.

Recipients of mental health services shall be provided with care, treatment and/or support which are appropriate to their condition.

It is also the policy of BMHA to use person-centered processes for all individuals who receive mental health services or supports throughout the continuum of care as required by the Michigan Mental Health Code and defined by Michigan Department Health and Human Services Person-Centered Practice Guidelines.

PURPOSE

1. To provide a mechanism for establishing individual Personal Care (PC) and Community Living Supports (CLS) per diem rates for specialized residential settings.
2. To provide guidelines for assuring clinical documentation justifies and supports the level of care provided to the consumer.
3. To provide for an appeal process.
4. To provide for a plan for emergency placements.

CRITERIA

1. Consumer meets Serious Mental Illness, Serious Emotional Disturbance, or Intellectual Developmental Disability criteria.
2. AFC Provider has completed or initiated the process for Specialized Certification with the appropriate state agency.
3. Provider is in good standing within the community, Michigan Department of Licensing and Regulatory Affairs (LARA), Prepaid Inpatient Health Plan (PIHP) and with BMHA.
4. The need for placement in a specialized residential setting and the PC and CLS being provided must be addressed in the Individual Plan of Service.

DEFINITIONS

Specialized Residential: Any residential care which is subsidized by BMHA in whole or in part through direct or contractual payment. Does NOT include supported independent living.

RENEWAL/REVIEW STANDARD

1. All Personal Care and Community Living Support Services "Functional Skills Assessment Rate Sheet" for Specialized Residential Setting will be completed at least ten (10) days prior to the expiration of the Individual Plan of Service and within 5 days of a move to a different location.
2. Residential rates may be reviewed throughout the contract year at the recommendation of BMHA Management, the consumer's planning team (if needs have changed), or a member of the Internal MCO Department.
3. A residential rate may be appealed by the residential provider.

PROCEDURE – NEW OR RENEWAL

1. The Targeted Case Manager will complete the "Functional Skills Assessment Rate Sheet" (FSA) form, annually. (The provider may be consulted for additional information).
2. The FSA form is returned to the supervisor.
3. If necessary, the Supervisor meets with the Targeted Case Manager and reviews the electronic health record and Individual Plan of Service and verifies the level of care. This is an opportunity for the Targeted Case Manager to discuss any differences of opinion and to produce any documentation which would support the request.
4. If the FSA is approved, then the FSA is emailed to the MCO Team Supervisor and designee. The MCO Team Supervisor or designee:

    a) Verifies the AFC Provider is credentialed, is HCBS compliant and has a current Master Agreement for Specialized Residential Placements.
    b) Checks the current rate against the contract and/or the last residential rate in IRIS if applicable.
    c) Assures the Enhanced Staffing Process procedure 07-06-15 is followed, if applicable.
    d) Presents the per diem rates for Personal Care and Community Living Supports to the Provider.
    e) Obtains the CEO's signature on the Contract Addendum.
    f) Mails or securely e-mails the Contract Addenda to the AFC Provider with a cover letter.
    g) Enters the rate into IRIS when the authorization for PC and CLS have been approved by the Utilization Review Specialist.
5. The MCO Team Supervisor or designee assures copies of the Contract Addenda are stored electronically in the central repository.
6. The AFC provider completes documentation for the Personal Care & CLS services provided.

PROCEDURE – APPEALS

1. The Residential Provider contacts the MCO Team Supervisor and/or Targeted Case Manager and requests a review of the Specialized Residential Contract rate. A rate increase request must be made timely.
2. The residential provider has the opportunity to submit additional documentation of the consumers' care.
3. A member of the Internal MCO Department may get input from the following individuals:
    a) Director of Behavioral Health Services
    b) Supervisor of relevant clinical team
    c) Provider Network Specialist and/or Utilization Review Specialist
    d) Targeted Case Manager
    e) Others, as relevant to the needs of the consumer
    f) Financial Operations Committee.

4. The Residential Provider is given a decision within 45 business days of this meeting.
5. If agreement regarding a modified Per Diem has not been reached at the time of the change in reached and an agreement signed) shall be the lesser of the existing rate shown by this Agreement or the revised amount proposed in good faith by the Payor for the revised services. If the agreed rate is higher than the rate paid during the interim, Payor will re adjudicate the paid claims in order to pay the difference.
6. If the provider does not agree with the rate after the appeal process, the provider will give the consumer/guardian 30 days notice in writing per State Licensing regulations.
7. In the event that notice is given, and the provider is requesting that the consumer be moved the Targeted Case Manager will facilitate the move within the 30-day notice timeframe.

FORMS: Functional Skills Assessment Rate Sheet

REVIEWER: Director of Provider Network

REVIEWED: 04/07, 3/08, 04/08, 04/09, 07/10, 11/11, 11/12, 5/13, 6/14, 9/15, 4/16, 2/17, 3/18, 3/19, 8/19, 6/2020, 5/2021, 2/2022, 2/2023, 2/2024, 6/2025, 2/2026