

Table of Contents

Section I. Introduction to LifeWays

- A. LifeWays Mission, Vision, Values and Strategic Plan Goals
- B. LifeWays Overview by Department
 - 1. LifeWays Organizational Chart and MCO Admin Model by Function
 - 2. LifeWays Staff Telephone Directory
- C. Description of a PIHP and CMHSP
- D. Glossary of Terms
- E. List of Acronyms

LifeWays
Community Mental Health



Our Mission

Empowering individuals on their journey to wellness.

Our Vision

LifeWays is a catalyst for improved community health by ensuring the provision of effective, high quality mental health services.

Our Values

- Person-Directed Care:** Consumers achieve positive outcomes through individualized services.
- Strategic Partnerships:** Collaborative efforts that embrace diverse perspectives and a wide range of inputs.
- Exceptional Service:** All customer interactions result in a positive experience and fostered relationships.
- Innovative:** Improvement opportunities are maximized through a dedication to learning, leading, and teaching for today and tomorrow.
- Integrity:** Through personal accountability and adherence to professional ethics, LifeWays is a steward of the public trust
- Intergenerational Equity:** Current and future generations of stakeholders will benefit from LifeWays' resources.



Strategic Plan 2011-2012

Strategic Pillar #1: Community Understanding of LifeWays Services and Access

Goal #1.1: Educate community regarding LifeWays services

Goal #1.2: Create an access center that supports the needs of the community.

Goal #1.3: Prepare for coverage expansion

Goal #1.4: Maximize benefit eligibility

Strategic Pillar #2: Build Partnerships to Drive Multi-Disciplinary Service Integration

Goal #2.1: Partner with Center for Family Health (CFH).

Goal #2.2: Cultivate partnerships with primary care physicians

Goal #2.3: Help shape development of Accountable Care Organizations, ensuring productive role for LifeWays and its provider network in the new entities.

Strategic Pillar #3: Excellence in Network Operations and Services

Goal #3.1: Implement Electronic Medical Record.

Goal #3.2: Improve network cohesiveness/coordination of care.

Goal #3.3: Develop and execute a network recovery implementation plan.

Goal #3.4: Establish provider contracts that focus on cost effectiveness, clinical performance, and outcomes.

Goal # 3.5: Establish continuum of care that effectively serves mild, moderate, serious, and severe disorders.

Strategic Pillar #4: Maintain Financial Stability

Goal #4.1: Identify and develop service funding partnerships.

Goal #4.2: Maximize facility leases for potential revenue.

Goal #4.3: Decrease administrative costs.

Goal #4.4: Implement processes that support new payment structures

Goal #4.5: Obtain federal grant funding for medical home, Accountable Care Organization, or integrated care projects.

Strategic Pillar #5: Stay on Leading Edge of Industry Transition

Goal #5.1: Gain expertise in Federal Health Reform Law and Accountable Care Organizations and Integrated Health Best Practices.

Goal #5.2: Identify desired relationship with commercial insurance companies.

Goal #5.3: Evaluate eliminating coordinating agency for substance abuse services and directly contracting with substance abuse providers.

OVERVIEW OF LIFEWAYS BY DEPARTMENT

The following section describes the major departments or teams within LifeWays. Providers may receive immediate assistance by contacting the subject-matter expert directly. If you are uncertain as to who can be of assistance in resolving your issue or if you need to file a complaint, Customer Services should be your first point of contact at **(517) 780-3332 or 1-866-630-3690**.

LifeWays Administration

Jackson

1200 N. West Avenue
Jackson, MI 49202
(517) 789-1209
Fax: (517) 796-9426

Hillsdale

25 Care Drive
Hillsdale, MI 49242
(517) 439-9327
Fax: (517) 439-3339

LifeWays Customer Services

(517) 780-3332
1-866-630-3690
Fax: (517) 789-1276

LifeWays Physician Services Unit

Jackson

1200 N. West Avenue
Jackson, MI 49202
(517) 796-4540
Fax: (517) 796-4515

Hillsdale

25 Care Drive
Hillsdale, MI 49242
(517) 439-9327
Fax: (517) 439-3339

LifeWays Office of Recipient Rights

1200 N. West Avenue
Jackson, MI 49202
(517) 796-4587
Fax: (517) 789-7564

ACCESS CENTERS

Jackson

1200 N. West Avenue
Jackson, MI 49202
(517) 789-1200
Fax: (517) 796-4575
1-800-284-8288

Hillsdale

25 Care Drive
Jackson, MI 49242
(517) 439-2641
Fax: (517) 439-3339
1-800-284-8288

Allegiance Health (After-Hours Access in Jackson)

205 N. East Ave
Jackson, MI 49201
(517) 789-5971
Fax: (517) 788-4701



Hillsdale Community Health Center (After-Hours Access in Hillsdale)

168 S. Howell Street, 3rd Floor
Hillsdale, MI 49242
(517) 437-5363
Fax: (517) 437-5368

GOVERNANCE

Governance incorporates the Board of Directors and the Chief Executive Officer. The 12-member Board includes four Hillsdale County residents and eight Jackson County residents, in accordance with each county's population. Members are appointed by each County's Board of Commissioners. Every effort is made to assure the ethnic and cultural diversity of the Board. The Mental Health Code requires one third of the Board members to be composed of either primary consumers or family members of primary consumers, and of this number, at least two of the members must be primary consumers. Board meetings are held monthly and are open to the public (alternating between Jackson and Hillsdale locations).

Board - Administrative Functions

The Board, a mental health authority, is established pursuant to Public Act 258 of 1974, as amended by Public Act 290 of 1996. The members, collectively, are charged with assessing County needs for behavioral health services, establishing plans to meet those needs, reviewing and approving the annual plan and budget, securing funds to help support the program, reviewing and evaluating the quality, effectiveness and efficiency of services, appointing a Chief Executive Officer, and establishing policy guidelines for the Chief Executive Officer to execute the behavioral health program.

Chief Executive Officer - Administrative Functions

The Chief Executive Officer is appointed by the Board to execute and administer the program through general policy guidelines established by the Board, in accordance with the approved plan for services and budget, applicable County regulations, the provisions of the Mental Health Code, Administrative Rules and the Department of Community Health/Community Mental Health/PIHP Master Contract. The execution and administration of the program is evaluated by the Board in seven broad categories: Fiscal Management, Personnel Management, Program/Clinical Management, Systems Management and Standards Compliance, Local Government/Community Relationships, Funding Source/Licensing Body Relationships, and Board Relationships.

The Chief Executive Officer is the sole employee of the Board. Authorization to hire, contract and terminate employees and/or contracted services is solely vested in the Chief Executive Officer.

The Chief Executive Officer is responsible for the execution of the Board's Strategic Plan. LifeWays' strategic planning is implemented on an ongoing basis through a continuous improvement process. The Governance Team is responsible for initial facilitation and coordination of the plan's development. Preparation for the strategic plan includes: 1) assessment of the state of the organization's successes, current activities and future activities; 2) assessment of the organization's strengths, weaknesses, opportunities and threats; and, 3) environmental assessment. The assessment process is completed through input obtained from all major stakeholder groups. Strategic planning results in the-following:

- Annual review/revision of the organization's Mission, Vision, Values, and Critical Success Factors;
- Development of strategic goals and associated global action steps, and;
- Development of team-based strategic objectives, which support achievement of organizational goals and serve as a basis for performance compensation.

Public Policy Analysis

The Chief Executive Officer or designee seeks to analyze health care policy documents that have national, state, or regional implications and provide a summary with recommendations to the Board of Directors, and providers as appropriate. The summary includes a brief overview of the policy statement, its impact on LifeWays and its provider network, and recommendations for actions that need to take place to ensure compliance with the policy.

Legislative Liaison

The Chief Executive Officer or designee maintains regular contact with state and federal legislators, to establish and maintain information on the status of legislation to provide ongoing analysis and updates to Board members and interested providers. In addition, the CEO promotes effective advocacy to address issues that arise.

HUMAN RESOURCES (HR)

Under the Direction of the Chief Executive Officer, the Human Resource Director develops personnel policies, programs and services related to employment, compensation, employee benefits, performance management, employee relations, employee recruiting, selection and retention, and compliance with applicable federal, state and local HR laws. The Human Resources Director is a member of the Leadership Team and works closely with the CEO on strategic human resource planning and goals. The Human Resources Director promotes and advances a workplace environment consistent with LifeWays' mission and strategic objectives.

The HR Director facilitates the annual LifeWays training process to ensure up-to-date knowledge of LifeWays employees.



RECIPIENT RIGHTS

The Office of Recipient Rights, led by the Director of Consumer Relations, works closely with the Executive Director of the Network Performance & Consumer Services Division,

The Office of Recipient Rights is responsible for protecting the rights of recipients of services in compliance with the Mental Health Code, Administrative Rules, and the mandatory reporting provisions of the Children and Adult Protective Services Acts.

The Office of Recipient Rights is responsible for the following activities:

- **Recipient Access:** The Office of Recipient Rights ensures that information regarding rights is available to all applicants and recipients of services, parents, guardians, and others. Informational materials are available in all service locations.
- **Rights Education:** The Office of Recipient Rights provides orientation sessions to all new LifeWays employees, provider employees, volunteers, and students. All staff must receive annual recipient rights training. Specific training is provided, as requested by staff, network providers, recipients, members of the community and others.

- **Policy Development**: The Office of Recipient Rights participates in policy and procedure development as requested by the Chief Executive Officer and the Board and ensures compliance with regulatory standards.
- **Investigations**: The Office of Recipient Rights ensures that reports of suspected or apparent violations of rights within the service network are investigated according to the criteria established by policy and procedure and the Michigan Mental Health Code; and that those which do not meet criteria for investigation are acknowledged. When necessary, the Office of Recipient Rights coordinates concurrent investigations with the Department of Consumer and Industry Services (Adult Foster Care Licensing), Children and Adult Protective Services, and law enforcement when applicable (for more information, see Disputes and Appeals Process section).
- **Informal Complaints/Interventions**: The Office of Recipient Rights receives complaints and/or inquiries about issues that do not require formal investigation. A system is in place to handle these concerns and inquiries by referral or informal intervention to obtain a remedy on behalf of the recipients involved (for more information, see the Disputes and Appeals Process section).
- **Grievances**: LifeWays has developed and implemented a process to effectively resolve clinical treatment complaints in a timely manner (for more information, see Disputes and Appeals Process section).
- **Review of Deaths**: The Office of Recipient Rights reviews all deaths of consumers residing in 24-hour care and supervised settings and any death of active consumers who receive combined, interdisciplinary services. The office also reviews all suicides of active consumers of which the agency has knowledge. The Office of Recipient Rights communicates reports of deaths to the Chief Executive Officer, Director of Network Performance, LifeWays Medical Director, LifeWays Clinical Director, the Board, and to the Michigan Department of Community Health.
- **Audits and Monitoring**: The Department of Community Health/Office of Recipient Rights, CARF, and Medicaid periodically audit the Office of Recipient Rights. In addition, the Office of Recipient Rights utilizes an internal monitoring/auditing process to measure the quality and effectiveness of their internal rights system. This process includes residential and program site reviews and customer and provider satisfaction surveys. The Recipient Rights Advisory Committee provides monitoring oversight to the audit process.
- **Recipient Rights Advisory Committee (RRAC)**: The Office of Recipient Rights provides technical assistance to the RRAC in the recruitment of members, facilitation of meetings, preparation of required reports, and the internal audit and assessment of the rights protection system. The RRAC also serves as the Appeals Committee for Recipient Rights Complaint Appeals pursuant to Section 330.1774 of the Mental Health Code.

Legal/Risk Management

The Recipient Rights/Risk Management Director provides technical assistance to the Chief Executive Officer, other LifeWays Teams, the MCO, the Clinical and Medical Directors, and the Board in order to monitor and coordinate consistent systems to identify potential legal risks and to safeguard the confidentiality of clinical records. Tasks include making recommendations for policy development, monitoring current and potential legal claims, ensuring the security and integrity of clinical records, coordinating potential claims with liability insurers, and offering technical assistance with regard to subpoenas and requests pursuant to the Freedom of Information Act.

CLINICAL SERVICES

The Clinical Services Division is led by the Executive Director of Clinical Services, working closely with the Medical Director, and is responsible for establishing a culture which 1) promotes clinical excellence, 2) ensures the availability and implementation of clinical practices that are consumer, youth, and family driven and assist the adult, youth, and family in attaining outcomes that improve quality of life and 3) develops and implements clinical practice standards that align with Evidence Based Practices, Promising Practices, and Best Practices guidelines. Working closely with the Consumer Relations Department, ensures consumers, youth, and families' input and feedback in the planning and implementation of clinical practices. Specific function areas are the development of clinical practices (programs, services, and interventions), standards and protocols that assist in recovery; clinical consultation and technical assistance, individual case consultation, evidence based/promising/best practices, and improving practices/change agent leadership team.

The Clinical Services Division encompasses Clinical Services, Utilization Management Department, Access Department and the Physician Services Unit.

Clinical Director

The Executive Director of Clinical Services operates under the following principles:

1. Commitment to ensuring accessibility to medically necessary services throughout the service delivery system in a manner that promotes clinical excellence, recovery, consumer choice.
2. Services are provided in sufficient amount, duration and scope to assist the adult, child, and family in achieving outcomes that improve their quality of life.
3. Clinical practices align with current state and national standards and guidelines related to Evidence Based Practices, Promising Practices, and Best Practices and produce outcomes that improve the consumer, youth, and family's quality of life.
4. Consumer, youth, and family members' input and feedback are important in the development and implementation of clinical practices.
5. Clinical case reviews and treatment dispute decisions will align with LifeWays commitment to provide medically necessary services that promote clinical excellence, recovery, and consumer choice within LifeWays capitated budget.
6. The Clinical Division staff are responsible for educating other LifeWays Divisions, LifeWays Board of Directors, LifeWays Provider Network, consumers, family members of consumers, Community Partners, and stakeholders on service accessibility and criteria; clinical practices and how they align with Evidence Based Practice/Promising Practices/Best Practices, and promote recovery and consumer choice.
7. The Clinical Division staff is responsible for providing technical assistance and training to LifeWays Provider Network staff to ensure clinical excellence.

Clinical Practices

The Executive Director of Clinical Services is responsible for ensuring LifeWays has clinical practices (programs, services, and interventions), standards, and protocols that assist adults, youth, children and their families to achieve an improved quality of life. These clinical practices align with Evidence Based Practices (EBP), Promising Practices (PP) and Best Practice (BP) guidelines; Department of Community Health standards and guidelines; Commission on Accreditation of Rehabilitation Facilities (CARF) standards; and literature reviews. In conjunction with LifeWays staff, LifeWays' Improving Practice Leadership Teams (IPLT), Stakeholders, youth, parents and consumers, an annual review of LifeWays current service array is conducted; and service needs are identified and prioritized. Based upon the identified service needs, the Executive Director of Clinical Services makes recommendations to the IPLTs/Stakeholders Groups (i.e.: SED System of Care) regarding EBP, PP and BP that might fill the "service gap". The IPLT/Stakeholders Groups then decide if they want to develop a program to fill the gap. If so, program development activities include grant/proposal writing, provider network development, and collaborative support from the community stakeholders. To ensure the success of a newly developed program or system, a LifeWays staff member is assigned to lead a workgroup to ensure the proposal/grant work group items are completed, proposal/grant reports are submitted and the program is implemented within its stated budget.

The Clinical Division staff are responsible for 1) educating other LifeWays Divisions, LifeWays Board of Directors, LifeWays Provider Network, consumers, family members of consumers, Community Partners, and stakeholders on the referral process and eligibility criteria for LifeWays clinical practices; 2) understanding how the practices align with EBP, PP, and BP standards/guidelines and the expected recovery/quality of life outcomes of these programs; and 3) providing technical assistance and training to LifeWays Provider Network Staff to ensure clinical excellence in the delivery of LifeWays Clinical Practices.

Clinical Consultation/Technical Assistance

The Executive Director of Clinical Services works in collaboration with the Medical Director, Utilization Management Director and Access Director to resolve complex and high risk clinical cases. The Executive Director of Clinical Services is also available to provide technical assistance and clinical consultation to Network Provider Clinical Directors/Supervisors regarding complex and high risk clinical cases. Clinical consultation and technical assistance is provided in a manner to ensure medically necessary services are provided in the appropriate amount, duration and scope to assist the adult, child and family in achieving recovery. These services must be within LifeWays Service Budget and Service Array. The Executive Director of Clinical Services also provides clinical consultation relative to disputed treatment decisions; admission to inpatient or inpatient-alternative treatment settings; and person-centered planning processes of a highly complex nature.

Individual Case Consultation

The Executive Director of Clinical Services provides individual case consultation to Utilization Managers on General Fund (GF) cases that exceed the GF Benefit Service Array. These case consultation decisions align with LifeWays commitment to provide medically necessary services at the appropriate amount, duration and scope to assist the adult, child, and family in achieving outcomes that improve their quality of life; yet are within LifeWays Service Budget. The Executive Director also provides case consultation requested by the Access Director, Utilization Management Director, Medical Director, or Physician Unit staff. When requested by the

Recipient Rights Director, the Executive Director conducts chart reviews on consumer deaths to evaluate the Service Provider's adherence to clinical practice standards, policies, and procedures.

Evidenced-Based Practices

The Executive Director is responsible for the implementation of Evidence Based Practices (EBP), Promising Practices (PP), and Best Practices (BP) within LifeWays Service Delivery System. National trends in treatment in the field of mental health have demonstrated that there is consistent scientific evidence that Evidence Based, Promising, or Best Practices, when delivered in a manner that aligns with the identified practice elements, work well in improving outcomes in the lives of adults diagnosed with a severe mental illness, children diagnosed with a serious emotional disturbance, or individuals with a developmental disability. EBPs are at the top of the Hierarchical Practice Rungs (see below) because these practices have consistently produced specific intended positive outcomes in multiple research studies that are based on the highest standard of research, which is the randomized control trial.

Prior to becoming an EBP, the specific clinical practice or program moved through the "Hierarchical Practice Rungs", which are based on the number of research studies and the standard of research used to conduct the studies such as randomized control trial versus anecdotal reports and clinical opinion. The Usual Practice, Acceptable Practice, and Innovative/Novel Practice rungs involve little to no research. Research usually begins at the Emerging Practice rung and intensifies at the Best Practice rung.

HIERARCHICAL PRACTICE RUNGS

EVIDENCE BASED PRACTICE
PROMISING PRACTICE
BEST PRACTICE
EMERGING PRACTICE
INNOVATIVE/NOVEL PRACTICE
ACCEPTABLE PRACTICE
USUAL PRACTICE

In terms of implementation, EBPs/PPs/BPs require fidelity and outcome measurements to ensure that the EBP/PP/BP is delivered per the identified practice elements in order to produce the intended outcome. LifeWays conducts Fidelity Reviews on its EBPs and PPs every two years.

LifeWays requires that Service Providers incorporate EBPs, PPs and BPs into their practices.

LifeWays currently has the following practices:

- Supported Employment (SE)-EBP
- Family Psychoeducation (FPE)- EBP
- Assertive Community Treatment (ACT)- EBP
- Integrated Dual Disorders Treatment (IDDT)-EBP
- Dialectical Behavioral Therapy (DBT)-EBP
- Standardized Pharmacological Treatment (Medication Algorithm)-BP
- Peer Support Specialists (PSS)-PP
- Multi-Systemic Therapy (MST)-EBP
- Wraparound – PP
- Trauma Focused- Cognitive Behavioral Therapy (TF-CBT)-EBP
- Parenting Wisely (PW)-EBP

Improving Practices/Change Agent Leadership Teams

The Executive Director of Clinical Services is the Improving Practices Leadership Team (IPLT) Leader and Change Agent Leader at the local level (LifeWays and LifeWays Provider Network) and at the State Level (Department of Community Health Practice Improvement Committee and Practice Subcommittees). The purpose of the Local IPLT is to identify LifeWays population specific service arrays, identify gaps in service, and identify EBPs, PPs, and BPs/processes to fill the identified service gaps. The State IPLT focuses on system service gaps and barriers. As the Change Agent Leader at the local level, the Executive Director is responsible for changing the culture of the LifeWays Provider Network from “traditional service delivery” to “EBP, PP, BP service delivery”. At the State Level, the Change Agent Leader is responsible for helping the State Wide System to change to EBP, PP, and BP service delivery. These changes demonstrate LifeWays commitment to ensuring consumers have access to clinical practices that promote clinical excellence, recovery, and consumer choice.

Consumer Run and Consumer Delivered Services

LifeWays is committed to customer-driven service delivery. As a result of this commitment, LifeWays has developed several consumer-run and/or delivered services whose purpose is to provide adults receiving mental health treatment through the LifeWays Service Provider Network with assistance in their recovery by providing opportunities to learn and share coping skills and strategies, move to more active assistance and away from passive roles, and to build and/or enhance self-esteem and self-confidence.

- Consumer-Run Support Groups: See above under "Community Education Services".
- Consumer-Run Drop In: There are two consumer-run Drop-In Centers, one in Hillsdale and one in Jackson. A.R.E. is the organization that oversees the operations of both drop-in centers. The drop-in centers provides a variety of consumer-delivered services and supports including Peer Support Specialists, Recovery Trainers, Consumer Person-Centered Planning Facilitation, and a consumer-run Friendship Phone Line. The Drop In Centers are open to all consumers with mental illness. Please refer to the LifeWays Provider Network Directory for hours of operation.
- Peer Support Specialists: Currently, LifeWays has many Certified Peer Support Specialists that are employed by providers within the network. These individuals support, mentor, and assist individuals in treatment with a LifeWays Network Provider to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity.

UTILIZATION MANAGEMENT

The Utilization Management Team in collaboration with the Executive Director of Clinical Services and Medical Director is responsible for designing and implementing processes that promote cost-effective, well-coordinated services for each consumer. The key functions of the Utilization Management Team include:

- Development of service/treatment authorization criteria
- Provision of service authorization decisions. Clinical cases reviews to monitor provider adherence to effective clinical practice standards
- Utilization review activities to monitor use of services across all covered populations
- Care management
- Treatment dispute and reconsideration resolution
- Technical assistance and training to providers regarding eligibility and authorization processes
- Improving Practices Leadership Teams (IPLTs)

Utilization Management Criteria

Utilization Management Criteria refers to a variety of tools, documents, and publications that are used to determine whether a service or services array represents the appropriate services in the appropriate amount for an individual consumer, such as: 1) Medical Necessity; 2) Service Descriptions, Qualifications, and Eligibility Criteria; 3) Level of Care Grid; 4) Services Available by Funding Source; 5) Level of Care (LOC) Evaluation Parameters for Assessment of Service Needs; and 6) Length of Stay Protocols. (See Section III. Accessing/Authorizing Services)

LifeWays Treatment Algorithms

The Treatment Algorithms provide the underlying basis of Utilization Management Criteria for major psychiatric and developmental disorders and align with LifeWays Clinical Practices including EBPs, PPs, and BPs guidelines and standards. Where EBPs, PPs and BPs do not exist for a specific condition or diagnosis, the treatment algorithms are based on published literature review summaries. LifeWays' Algorithms are intended to improve consistency in practice and provide evidence to support utilization management decision making. Services that are NOT within the algorithm for a particular disorder will not be approved by Utilization Management and will require review and approval by LifeWays Executive Director of Clinical Services.

Service Descriptions and Eligibility Criteria

Service Descriptions and Eligibility Criteria are another basis for Utilization Management decision-making. Service Descriptions are developed based on what the service is meant to do, differentiating it from other similar services, and providing detail as necessary so that a service may be chosen that is likely to meet needs. This is called Scope of Service. Eligibility requirements specify criteria that describe a consumer and their medical symptoms that are likely to benefit from service. Eligibility criteria are also designed to reduce duplication of services and promote use of the right service for that consumer.

The Level of Care Evaluation Parameters

The Level of Care (LOC) Evaluation Parameters is used to determine a score representative of overall consumer functioning level. This score is often used in the eligibility criteria to ensure that consumers receive the appropriate INTENSITY of services to meet their needs. Treatment providers utilize this tool and enter it into the consumer's clinical record. Utilization Management reviews this score as a component of eligibility for a treatment request. The LOC is also a tool used for management of the access center Waiting List.

Length of Stay Protocols

Length of Stay Protocols are clinical source data, LifeWays consumer data, and other population data as available, used to determine appropriate duration of services for individuals with different level of care scores and different disorders. The purpose of these protocols is to provide a benchmark for ensuring the most effective DURATION of services for each consumer based on their individual presentation.

Utilization Managers authorize requested services that are in accordance with Utilization Management Criteria. Services outside of Utilization Management Criteria require clinical specialist review before authorization. If services are requested for a consumer not meeting eligibility criteria for service, or who has exclusion criteria present, service will be denied unless clear rationale for the request is presented. In cases where rationale is present, the Utilization Manager(s) with clinical competency in the proposed treatment and population needing treatment will review and discuss the request. If additional assistance is needed, the request may be forwarded to the LifeWays Executive Director of Clinical Services for review.

Service Authorizations

Providers request authorization for services using ProviderConnect or a manual process if they do not have access to ProviderConnect. Initial service requests and requests for re-authorization are managed by the assigned Utilization Manager. Utilization Managers who have clinical competency in required areas make service authorization decisions based on Utilization Management Criteria. Requests are authorized, denied, or pended within two (2) business days starting the day after the request is submitted. If services are authorized, the decision can be viewed in ProviderConnect for providers with access to this, or a hard copy of the authorization is forwarded to the provider for providers who do not have access to ProviderConnect. If the service is denied, Providers may view the denial in ProviderConnect. The denial form is forwarded to the provider, as well as the consumer/and or guardian. Service requests are pended and forwarded for specialist review if they are outside of established Utilization Management Criteria and contain rationale for the request. (See Section III. Accessing/Authorizing: Authorization Process)

Clinical Case Reviews

Utilization Managers with appropriate clinical competencies conduct clinical case reviews on a routine basis for consumers served by LifeWays network providers. Record reviews cover issues related to provider quality, application of Person-Centered-Planning processes, adherence to LifeWays' Treatment Algorithms and other effective clinical practice standards, support, provision, and delivery of requested services, documentation of medical necessity, and consumer outcomes.

Utilization Review

Utilization Review is a collaborative, dynamic process through which specific questions are asked about populations served by LifeWays. Utilization review is done on an aggregate as well as an individualized basis as needs are identified. The purpose of the analysis is to determine if there are patterns of over or under utilization, as well as identifying any service needs or protocol changes. Utilization review is an ongoing process administered by the Utilization Management team. Specific reports are reviewed by individual Utilization Managers and discussed at Utilization Management staff meetings. The team analyzes the findings and compiles recommendations and reports. These are then presented at the Quality Management Council meeting as needed. Utilization Management also gets support to perform this function from the Quality Management Team, the Information Systems Team, the Executive Director of Clinical Services, and LifeWays Medical Director. .

Care Management

Care Management is a process that identifies consumers whose treatment needs are outstanding. Cases are identified through Care Management criterion such as High inpatient utilization, state hospital placement, "layered" services, and high community involvement cases. Utilization Managers monitor treatment activity, and communicate with the treatment provider to ensure appropriate treatment arrays and make recommendations if necessary for clinical consult.

Reconsiderations and Treatment Disputes

Reconsiderations are forwarded to the Director of the Utilization Management department once they are received from the hospital requesting payment. Reconsiderations are distributed to Utilization Management designees for review of clinical information, protocols and standards. Utilization Management forwards necessary information to the Medical Director who makes the final decision on reconsiderations. Once a decision is made, the Utilization Management department does formal communication back to the hospital. Statistics on reconsideration activity are reported to the QM department and reviewed and quality management council as needed.

Treatment disputes that are regarding authorization decisions are distributed to the Director of Utilization Management via Customer Services - who are the first point for the treatment disputes process. The Director of Utilization Management reviews the dispute and determines which Utilization Manager should review and compile clinical information. This decision is based on competency areas and with consideration to not assign it to the Utilization Manager that made the decision or reviewed the request. An objective "third" party shall review the dispute. Upon completion of the dispute, the Director of Utilization Management will review it and it will then be sent back to Customer Services to be given to the consumer.

Self-Determination

The LifeWays Self-Determination Program is based on the value that consumers should be able to define what they need in terms of the life they seek, should have access to meaningful choices, and control over their lives. Customer Services and Utilization Management provides consultation to consumers and providers regarding self-determination. Self-Determination is based on four principles:

- **FREEDOM**: The ability for individuals, with assistance from their allies (chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than a predefined program. This includes the freedom to choose where to live, with whom to live and the development of personal lifestyle.
- **AUTHORITY**: The assurance for a person with a disability to control a budget in order to purchase their supports. It is the authority to control resources and to select providers, train and supervise providers, and select the hours and place of service.
- **SUPPORT**: The arranging of resources and personnel, both formal and informal, to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the support to develop a life dream and reach toward that dream.
- **RESPONSIBILITY**: The acceptance of a valued role by the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life enhancing. This includes the responsibility to use public funds after natural supports and efficiently and to contribute to the community through the expression of responsible citizenship.

Reference: LifeWays Self-Determination Procedure; Self Determination Technical Advisory Sept 2008

Improving Practices Leadership Team (IPLTs)

The Utilization Management (UM) Staff shall be members of the population specific IPLT most relevant to his or her utilization management authorization area(s) of responsibility. The UM staff member shall assist in the identification of LifeWays population specific service array, identify gaps in service, and identify EBPs, PPs, and BPs/processes to fill the identified service gaps.

Clinical Practices

The Utilization Management (UM) Staff are responsible for 1) educating other LifeWays Divisions, LifeWays Board of Directors, LifeWays Provider Network, consumers, family members of consumers, Community Partners, and stakeholders on the referral process and eligibility criteria for LifeWays clinical practices; 2) understanding how the practices align with EBP, PP, and BP standards/guidelines and the expected recovery/quality of life outcomes of these programs; and 3) providing technical assistance and training to LifeWays Provider Network Staff to ensure clinical excellence in the delivery of LifeWays Clinical Practices.

PHYSICIAN SERVICES UNIT

The Medical Director oversees the Physician Services Unit in collaboration with the Executive Director of Clinical Services and Access Director. The Medical Director oversees the Contracted Physicians and Nursing Staff. The Medical Director is responsible for developing and implementing medical staff guidelines consistent with governing, regulatory, and accrediting standards. The Medical Director monitors the physician unit performance indicators for improvement opportunities. The Access Director, in conjunction with the Medical Director is responsible for developing policies, procedures, and guidelines that promote efficient and effective operations of the Physician's Unit. The Access Director is also responsible for ensuring adequate clerical and nursing support to the psychiatrists providing services in the Physician Services Unit.

The Access Director and Medical Director are the identified Change Agents on the Physician Unit. Together they are responsible for changing the culture of the LifeWays Physician Unit staff from "traditional service delivery" to "EBP, PP, and BP service delivery". These changes demonstrate LifeWays commitment to ensuring consumers have access to clinical practices that promote clinical excellence, recovery, and consumer choice.

Psychiatric Service Support

The Access Services Team provides clerical and nursing support to psychiatrists providing services in the Physician Services Unit. Designated staff is responsible for developing and implementing operating procedures consistent with governing, regulatory, and accrediting standards. Procedures are designed to promote efficient and effective operations of the Physician Services Unit. When indicated, team members recommend opportunities for physician service enhancement to the Chief Executive Officer.

ACCESS SERVICES

Access Center

The Access Director in collaboration with the Utilization Management Director, Executive Director of Clinical Services, and Medical Director is responsible for the development of policies, procedures, and guidelines related to the Access Center to ensure accessibility to medically necessary services for adults with a serious mental illness, children with serious emotional disturbance, and persons with a developmental disability. The Access Director is also responsible for providing case consultation services and technical assistance to LifeWays Service Providers Access Center Staff and the After Hours contracted Service Center, Gryphon Place.

Clinical Practices

The Access Director and Medical Director are responsible for 1) educating other LifeWays Divisions, LifeWays Board of Directors, LifeWays Provider Network, consumers, family members of consumers, Community Partners, and stakeholders on the referral process and eligibility criteria for LifeWays clinical practices; 2) understanding how the practices align with EBP, PP, and BP standards/guidelines and the expected recovery/quality of life outcomes of these programs; and 3) providing technical assistance and training to LifeWays Provider Network Staff to ensure clinical excellence in the delivery of LifeWays Clinical Practices.

BUSINESS SERVICES DIVISION

Under the direction of the Chief Executive Officer, the Executive Director for Business Services position oversees the Information Technology, Finance and Facilities departments that comprise the Business Services Division. This position directs, manages, supervises and coordinates the activities and operations of the Information Technology, Finance and Facilities departments; and coordinates assigned activities with other LifeWays Departments. The Executive Director for Business Services Division provides highly responsible and complex leadership support to the Chief Executive Officer for the overall benefit of LifeWays.

INFORMATION TECHNOLOGY (IT) DEPARTMENT

The purpose of the Information Technology team is to support LifeWays' Information Technology infrastructure to ensure reliable and secure access to the Administration and members of the Provider Network. The focus of our efforts is limited to the MCO side of the computer network. Members of the Provider Network are responsible for the proper design, development and maintenance of their proprietary computer systems. The IT Department will collaborate with the Providers' IT support personnel to facilitate timely and secured access to eCURA and ProviderConnect. LifeWays will provide ProviderConnect and/or eCURA license to Providers/Provider Groups generating more than 20 claims per month. Providers requiring additional licenses will be required to cover the license and maintenance costs. LifeWays will only pay for one (1) license fee and maintenance fee per Provider effective October 1, 2003. Services will be provided in a professional, responsive and user-friendly manner.

The LifeWays information systems infrastructure includes:

1. A Wide Area Network that includes:
 - Two Local Area Networks (LANS) – one in each county location – connected via T1 high-speed communication line.
2. Two telephone systems with phone mail capabilities (one in each county location). Providers shall comply with tenant agreement for phone service fees and long distance.
3. Permanent connection to the Internet using high speed communication lines.
4. Software applications in use, include:

Software Application	General Use
eCURA	Consumer & Provider network management
ProviderConnect	Provider access to main consumer systems
Civer-Psych	3 rd and 1 st party billing (Accounts Receivables)
Electronic Reporting Warehouse (eRW)	Centralized database warehouse
Microsoft Office 2007	Word processing, email, spreadsheet, presentation
Microsoft Access 2007	Database, reporting and analysis
Microsoft Front Page 2007	Web-based design and development
Microsoft SQL 7.0/2000/2005	Main database solution
Microsoft Visual Fox Pro	Application development
SPSS	Quality management and analysis
@ Risk	Risk management and analysis
Crystal Reports	Report design and development

In addition to the above applications, LifeWays uses other web-based tools to support its Internet and intranet initiatives. Microsoft Internet Explorer is the browser of choice.

All MCO staff and members of the Provider Network require user credentials and passwords before access can be gained to the LifeWays computer systems. Procedures are in place to ensure that users change their passwords on a regular basis. Multiple levels of computer security are in place to authenticate users to the network and also to specific applications.

The IT Department continuously strives to minimize the duplication of data and software programs by providing technical assistance to MCO staff during the initial design, development and implementation of information systems. In collaboration with Quality Management, efforts are being made to strengthen the integration of various subsystems to ensure greater efficiency. The IT Department is responsible for defining agency reports and assuring information reliability.

Providers requiring IT services outside the scope of this agreement shall be assessed a consulting fee consistent with LifeWays' Rate Setting Procedures and with Market Rates. Requests for IT consultation should be directed to (517) 789-1209.

FINANCE DEPARTMENT

The Finance Department has three major functional areas: claims and billing, accounting and reporting, and business functions.

The claims and billing function include claims adjudication, claims dispute review, review of billing statements, first and third party billing, posting of cash receipts to consumer accounts, and coordination of ability-to-pay determinations.

Business functions include accounts payable, purchasing and payroll. Recording and depositing of cash receipts, maintenance of the accounting records, billing and monitoring of Federal Block Grants and other earned contracts, preparation and analysis of financial statements, budgeting and coordination of all external financial audits are elements of the accounting and reporting function.

FACILITIES DEPARTMENT

Facility and Safety Management includes lease and tenant management, environmental and emergency safety procedures, security, maintenance and repair.

NETWORK PERFORMANCE & CONSUMER SERVICES DIVISION

Under the direction of its Executive Director, the Network Performance & Consumer Services Division supports LifeWays' Provider Network with the provision of professional, expedient, valid and comprehensive business functions in a flexible, highly secure manner.

Quality Management is an ongoing function of LifeWays and its Provider Network. It is driven by a commitment to the provision of quality care that produces functional outcomes for consumers of LifeWays services. LifeWays' Quality Management model integrates philosophies and practices of quality assurance, quality planning and continuous improvement. LifeWays' Quality Management Program reflects the expectations and standards of the Michigan Department of Community Health (MDCH), the Commission on Accreditation for Rehabilitation Facilities (CARF), and the National Committee for Quality Assurance (NCQA). The purpose of LifeWays' Quality Management Program is to implement and maintain a Quality Improvement Plan that facilitates good process design and systematically measures, assesses, and improves organizational performances to produce good customer outcomes and satisfaction through the effective and efficient use of LifeWays resources

Personnel responsible for contract management coordinate overall contracting functions for revenue and expenditure contracts in collaboration with other LifeWays teams. This includes credentialing functions, recommended contract language, rate setting, recommendation of payment method, monitoring of financial performance and review, integration and reporting of other contract performance related issues. It also includes review of provider accounting records to ensure compliance with Federal and State regulations regarding Federal Block Grants and LifeWays standards.

LifeWays maintains a credentialing process, which is applied to all independent practitioners and organizational providers seeking membership in LifeWays Provider Network. A more detailed description of this process can be found under the "Credentialing" section of this manual.

Standard Setting and Interpretation

The Network Performance Director develops and maintains a set of contract standards designed to promote consistent implementation of policy across network providers and within LifeWays. These Standards can be found under the "Standards and Best Practice Guidelines" section in this manual.

Audit/Accreditation Readiness and Facilitation

The audit coordination, certification and accreditation function facilitates efficient and effective review of LifeWays Network Provider performance to assure consistent achievement of regulatory, accrediting, governing and MCO standards. The Network Management Staff/Director coordinates internal and external performance audits, and prepares applications for accreditation/certification for specialized services. The Network Management Director develops and maintains mechanisms to organize and integrate all audit functions, including pre-audit planning, concurrent audit assistance, and post-audit follow-up (requests for improvement and/or corrective action responses) and monitoring corrective action implementation.

Providers are required to cooperate with all internal and external reviews (Michigan Department of Community Health, CARF, Joint Commission on Accreditation of Healthcare Organizations,

Department of Consumer and Industry Services, etc.). All providers are subject to onsite reviews by the Network Management Director/Designee at any time.

Network Capacity Evaluation and Assessment of Community Need

LifeWays continuously gathers information related to community needs, using internal and external sources. This information is integrated into a comprehensive network capacity evaluation, conducted at least biannually and is then folded into the LifeWays Quality Improvement Plan. Needs are prioritized by scope and feasibility. To assure members receive care from competent, qualified professionals, LifeWays annually evaluates network capacity to meet consumers needs and reserves the right to close the membership application processes in whole an in part based on the outcome of that assessment.

Provider Network Fingerprint Report

The Quality Management Team prepares an annual Provider Network Fingerprint Report, which is intended to summary the performance of the network to assist in LifeWays' responsibility to ensure a quality system of care is available to consumers.

Provider Recruitment

Contract Management staff oversee the procurement process, which includes development and distribution of Requests for Proposals, development of scoring criteria, and facilitation of the selection committee. In addition, staff is responsible for recruiting new providers when a need is documented by the Network Capacity Evaluation plan and/or the Credentialing Committee.

Reporting and Trend Analysis

Performance measures are evaluated across the system to capture significant trends in access, quality of life, consumer outcomes, satisfaction, and effectiveness. Additionally, outcome indicators specific to the service setting are evaluated. Most performance information is derived through audits, utilization data, demographic information, financial information, and record review. Trend data is aggregated at least quarterly and reported to the LifeWays Board and to the Michigan Department of Community Health as required by contract.

Quality Process Facilitation

The Quality Management Team organizes and monitors continuous improvement activities within LifeWays and across the Provider Network to minimize duplication, limit process variation, and foster quality service and customer satisfaction. The office provides technical support and initial training to assist providers in facilitating their own Quality Improvement process. Quality Management Team Members assist in the development and monitoring of the implementation of team recommendations in order to:

- Assure process improvement identification and prioritization are based on the organization's goals and values;
- Facilitate the use of sound problem solving methods;
- See that improvements are carried out, that they are institutionalized, and that they become a part of standards; and
- Evaluate the effectiveness of process improvements (i.e., cost savings, customer benefits, improved system efficiency). The Quality Management Team maintains a central clearinghouse for all quality, evaluation and improvement activities.

CONSUMER RELATIONS DEPARTMENT

CUSTOMER SERVICES

The Consumer Relations Department is responsible for responding to questions and concerns from the community, consumers, and providers, and also oversee the disputes and appeals process. Customer Services Specialists are knowledgeable about all aspects of the LifeWays MCO including access, benefits, eligibility, claims, protocols, and the dispute and appeal process. They serve as an important link between the internal and external customers. Internal customers include LifeWays MCO staff. External customers include consumers, providers and other community stakeholders.

Complaints, Disputes and Appeals: In cases where a Customer Services Specialist cannot resolve concerns s/he will assist the caller in filing a formal dispute/appeal. The dispute/appeal will be forwarded to the appropriate department, and the Customer Services Specialist will monitor timeliness and outcome

Information

To ensure consumers have a clear understanding of their condition, eligibility for service, access to service, benefits, and process for payment and recipient rights, they receive current and ongoing information. Information is provided in a variety of formats including writing, video, audio and Spanish. This is accomplished through the following methods:

- **Member Handbook:** At the start of service, each consumer receives a copy of the Member Handbook, which details information regarding access to service; recipient rights protection, benefits coordination, and customer service.
- **Brochures:** Brochures provide consumers and others with basic information concerning various behavioral health disorders, when to seek help, and how to get help through LifeWays, and information on current upcoming events (i.e. workshops, trainings, etc.).
- **Educational Tapes & Videos:** LifeWays provides tapes & videos available to consumers and/or their families, providers and the community. Information on a variety of subjects, such as schizophrenia, depression, and eating disorders is available in audio and video formats. Materials may be checked out for a limited time.
- **Information and Referral Services:** Customer Services Specialists are available Monday through Friday from 8:00 a.m. to 5:00 p.m. to provide information regarding human services in Jackson or Hillsdale Counties or statewide at (517) 780-3332 or 1-866-630-3690.

Advisory Councils

LifeWays has long recognized the value of advisory councils. The LifeWays advisory councils provide a vehicle for consumer/stakeholders input of an advisory nature to assist in quality program development and to assist the Chief Executive Officer and Board in their policy-making role. Information is received from three councils: The Jackson Regional Interagency Community Council, the LifeWays Consumer Advisory Council, and the Recipient Rights Advisory Council.

COMMUNITY RELATIONS

Central Michigan 2-1-1

The Community Relations Team is responsible for our 2-1-1 call center, a free phone service that links callers with the health and human service information requested, 24 hours per day, 7 days per week. This service eliminates the need for a community member to call multiple agencies in search of a service. Our 2-1-1 call center staff is knowledgeable and certified specialists in their field. Our 2-1-1 program provides the community with integral monthly and annual status reports on unmet needs and services in our community.

Marketing and Public Relations (PR)

Community Liaison: LifeWays staff is assigned as liaisons to community agencies including schools, law enforcement, courts, and human service agencies. Liaisons meet with their assigned agencies on an on-going basis to exchange information and address concerns/questions.

Michigan Association of Community Mental Health Boards: Public Relations Workgroup: Community Benefit staff is assigned to participate in this statewide workgroup. This workgroup meets monthly to share marketing and public relations materials, develop a state-wide anti-stigma campaign, and organize events to increase mental health awareness and outcomes for all persons statewide.

Promotion/Advertising: LifeWays utilizes print, radio and television media to ensure that promotion of its network services reaches a wide audience in the community.

Anti Stigma Campaign

LifeWays' Public Relations and Marketing Manager is responsible for organizing LifeWays' Anti Stigma Campaign Committee, known as the MindChangers. The Committee focuses on changing the perception of multiple stakeholders toward persons with mental illness. The desired outcome is a reduction of negative stereotypes of persons with mental illness held by community members, service delivery professionals and other stakeholder groups. The Public Relations and Marketing Manager is responsible for managing grant responsibilities and reporting, assisting with organizing events, marketing and public relations duties. When necessary, to assist in the completion of these tasks, additional LifeWays staff may be recruited based on their position in the agency, skill sets, and/or interest in helping achieve the Committee's goals and objectives.

Prevention Services

LifeWays provides a broad array of programs focused on preventing behavioral health disorders. The following are examples of programs provided:

Stress Management Workshops: LifeWays provides stress management presentations to community groups as requested. Topics covered include a definition of stress, signs and symptoms of unhealthy stress, coping skills, and demonstration and practice of stress management techniques. Workshops can be held at locations convenient for the participants. Length varies depending on available time.

Early Detection Programs: LifeWays participates in National Depression Screening Day, Mental Health Month, and suicide prevention awareness. These events are free and feature confidential screening and educational programs that offer individuals the opportunity to meet privately with a mental health professional and take a screening test. If indicated, immediate referral to appropriate services is available at the conclusion of the screening.

Speaker's Bureau: LifeWays has an accomplished Speaker's Bureau. Through this venue staff members educate the community about LifeWays services, managed care and behavioral health issues. Topics for prevention and wellness seminars include: Mental Illness in Adolescence; Crisis Management; Psychotropic Medications and their Side Effects; The Law Enforcement System and the Mental Health Consumer; Symptoms, Treatment, Prognosis and Current Research on Mental Health Disorders; and Suicide Prevention. Network providers who possess areas of expertise in the described topics or other related behavior health topics are invited to participate in the Speakers Bureau.

Families in Action: A 10-week educational program that is designed specifically for people with a loved one (Adult) that is experiencing a serious form of mental illness. The educational curriculum was developed by AMI (Alliance for the Mentally Ill) and features expert speakers on a range of informative topics that are designed to assist loved ones to cope better and have a positive impact on the recovery process of their loved one. The program is facilitated by a consumer in recovery.

Community Education Services

Consumers and loved ones of consumers also have the opportunity to attend support groups or start a support group. LifeWays can assist in the promotion of support groups. Support groups are open to all community members free of charge. LifeWays has information on the following support groups (please call Customer Services for times and locations):

- **Depression and Bipolar Support Groups:** Persons who suffer from depression or Bipolar Disorder (Manic-Depression) and those who care about them, meet to discuss their concerns, provide support, and share ideas.
- **S.T.A.N.D. (Supportive Techniques and New Directions):** Parents and caregivers who are struggling with child's behavior meet weekly to discuss their challenges, report on any changes, develop support for themselves and to celebrate successes.

Information/Educational materials are available to all consumers and staff of LifeWays' network and the community on various topics including:

- Goal setting
- Addictions
- Communication
- Job skills
- Self-esteem
- Medication compliance
- Conflict resolution
- Stress management
- Assertiveness
- Nutrition

- Parenting
- Anger management
- Anti-Stigma
- Recovery

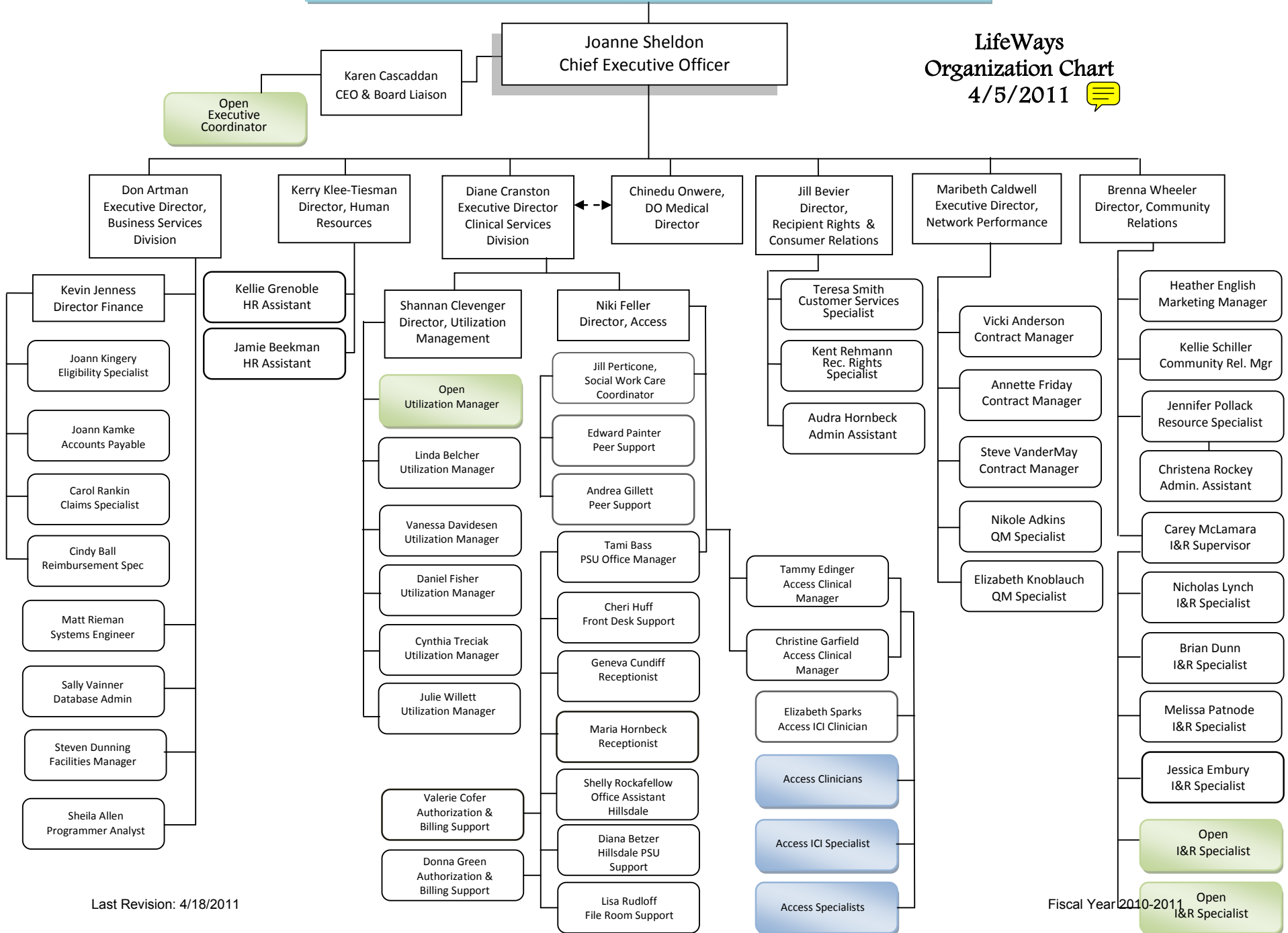
These information/education materials are also distributed at local health fairs and community events.

Critical Incident Stress Management Response

The Clinical Services Team coordinates response to requests from the community to provide Critical Incident Stress Debriefing services following community disasters, traumatic incidents, or terrorist attacks. Coordination includes identifying the response team based on individual competencies necessary to address the incident and determining the number of debriefings needed and the location. Additional service needs and appropriate referrals are made for participants if needed. Follow-up occurs to determine satisfaction and identify additional needs following the debriefing. The Prevention and Community Relations Manager participates in community disaster planning exercises and provides technical assistance to the LifeWays Network in regard to community disaster response guidelines.

LifeWays Board of Directors

LifeWays Organization Chart 4/5/2011



Last Revision: 4/18/2011

Fiscal Year 2010-2011

	FUNCTIONS	LEADERSHIP
EXECUTIVE	Agency Oversight; Policy and Executive Authority; Board Services; Personnel Authority; Personnel & Financial Contracting Authority; Psychiatric Oversight; Legislative and State Relations; Legislative Tracking; Strategic Planning; Legal and Financial Risk Management; Succession Planning; Administrative Efficiencies;	Joanne Sheldon, Chief Executive Officer
Recipient Rights	Recipient Rights Director, Incident Report Monitoring and Complaint Investigation, Recipient Rights Advisory Committee, Advisory Councils, Incident Reports, Grievance & Appeal; Peer Support Specialists; Support Groups; Fair Hearings, Consumer-Driven Services.	Jill Bevier, Director, Consumer Relations
Governance	CEO Communication, CEO Representation, Policy & Procedure Management and Monitoring, Board Relations, Board Orientation, Board Manual, LifeWays Intranet Manager, Board Website Manager, LifeWays Forms, Administrative Efficiencies, Compliance with Interlocal Agreements	Karen Cascaddan, CEO & Board Liaison
Personnel	Hiring, Orientation, Performance Evaluation, Job Descriptions, Discipline, Terminations, Employee Retention, Staff Development & Training, Cultural Competence, Unemployment, Worker's Comp, Salary Structure, HR Policies and Procedures, Employee Relations, Time and Attendance Management, Benefit Management, Personnel Law Compliance	Kerry Klee, Director, Human Resources
MEDICAL OVERSIGHT	Medical Oversight to Physicians Unit Staff, Collaborate with CEO, Executive Director of Clinical Services, and Access Director to Manage Risk and Improve Patient Safety, Orientation and Continuing Education to New and Existing Physicians Unit Staff	Chinedu Onwere, D.O. Medical Director
CLINICAL DIRECTION	Clinical Practices Oversight, Recovery Culture, Evidence-Based Practices, Improving Practices Leadership, Children's System of Care, Clinical Consultation and Technical Assistance; Clinical Practice Guidelines, Sentinel Event, Utilization Management, Access	Diane Cranston, Executive Director, Clinical Services
Utilization Management	Service Descriptions and Eligibility Criteria; Level of Care Determination; Length of Stay Protocols; Care Management; Service Authorizations; Clinical Case Reviews; Utilization Review; Inpatient Reconsiderations.	Shannan Clevenger, Director, Utilization Management
Access	Physician's Unit / Physician Unit Support; Scheduling; Nursing Support; Physician Prior Authorization; Medical Records; Access Center , Wait List, Primary Health Integration	Niki Feller, Director Access
PROVIDER NETWORK	Corporate Compliance Officer; PPG (Program Policy Guidelines); ARR (Application for Recommitment and Renewal); External Audit, DCH Standards; Network Compliance, Network Performance Review, Network Training & Education, Performance Indicators, Performance Audits, Program Fidelity,	Maribeth Caldwell, Executive Director, Provider Network & Consumer Services Division

	FUNCTIONS	LEADERSHIP
Network Management	Network Management; Contract Management; Credentialing; Certification; Billing Verification, Audit and Accreditation Readiness; Provider Relations, Education and Technical Assistance; Corporate Compliance, Contractual Issues, Accreditation, Customer Satisfaction	
Quality Management	Quality Management; Quality Planning; Reporting and Trend Analysis; Quality Process Facilitation & Continuous Improvement; Provider Profiling; Standard Setting; Audit Readiness; Clinical Studies and Assessment of Origination Performance and Community Need.	
BUSINESS SERVICES	Risk Management Officer, HIPAA (Health Information Portability and Accountability Act) Officer	Don Artman, Executive Director, Business Services
Financial Administration	Budgeting; Financial reporting to the LifeWays Board; Fiscal Audit and Financial Reporting Compliance; Claims and Billing; Accounting; Accounts Receivable/Payable; Payroll; Financial Reporting; Ability to Pay Determination; and Financial Contract Monitoring.	Kevin Jenness, Director, Finance
Information Technology	Ongoing assessment of need; System compliance User Access and Security; Technical Assistance and Support; and Information/Data Integrity; MDCH (Michigan Department of Community Health) Encounter and Demographic Data reporting; Information security; Help Desk; Network Administration; Phone and Paging System administration; End User Training and Technical Assistance; Web Site Administration.	
Facility Management	Building Maintenance, Safety Management; Lease Management; OSHA (Office of Health and Safety Administration) Compliance; Tenant Relations	
COMMUNITY RELATIONS	Community Outreach Programs; MindChangers, Project Access; Speaker's Bureau, Central Michigan 2-1-1 Oversight; Community Education; Marketing	Brenna Wheeler, Director, Community Relations
Central Michigan 2-1-1	Information & Referral; Call Center Staffing; Database Administration	
Community Education	Prevention, Suicide Awareness, Critical Incident Stress Management Response, Mental Health First Aid, Community Development	
Marketing	Stigma Reduction Activities, Community Events, Publications, Marketing Activities, Media and Press Relations	



<u>GOVERNANCE</u>	Joanne R. Sheldon, Chief Executive Officer	x2208	789-1208
	Karen Cascaddan, CEO & Board Liaison	x2501	796-4501
	Angela Ross, Executive Coordinator	x2545	796-4545
<u>HUMAN RESOURCES</u>	Kerry Klee-Tiesman, Director, Human Resources	x2296	789-1296
	Jamie Beekman	2525	796-4525
	Kelli Grenoble	2525	796-4525
<u>CLINICAL SERVICES DIVISION</u>	Diane Cranston, Executive Director	x2368	780-3368
<u>PHYSICIAN'S UNIT/ACCESS SERVICES - JACKSON</u>	Chinedu Onwere, D.O., Medical Director	x2535	796-4535
	Niki Feller, Access Director	x2314	780-3314
	(vacant)	x2330	780-3330
	Andrea Gillett	x2406	789-1209
	Anjali Mehta, M.D.	x2540	796-4540
	Carol Coxon, RN	x2553	796-4553
	Cheri Huff	x2944	796-4540
	Edward Painter	x2502	796-4502
	Geneva Cundiff	x2587	796-4587
	Glenda Prus, RN	x2588	796-4588
	Jill Perticone	x2300	780-3300
	Lisa Rudloff	x2227	796-4227
	Manish Prasad, M.D.	x2540	796-4540
	Physicians Unit Main Number	x7040	796-4540
	Satish Cham, MD	x2221	796-4540
	Tami Bass	x2558	796-4558
	Terry Youmans, RN	X2388	780-3388
Valerie Swank	x2507	796-4507	
Zakia Alavi, MD	x2540	796-4540	
<u>PHYSICIAN'S UNIT/ACCESS SERVICES - HILLSDALE</u>	Tammy Edinger, Access Clinical Manager	x2632	517-439-2632
	Anjali Mehta, M.D.	x2678	517-439-9327
	Diana Betzer	x2678	517-439-9327
	Heather Haines, RN	x2624	517-439-9327
	Hillsdale UM Office	x2619	517-439-2619
	Linda Marion, M.D.	x2678	517-439-9327
	Mary Skupinski, RN	x2624	517-439-9327
	Tammy Lefere, RN	x2624	517-439-9327
Violetta Galecka, M.D.	x2678	517-439-9327	
<u>UTILIZATION MANAGEMENT</u>	Shannan Clevenger, Utilization Management Director	x2574	796-4574
	Cindy Treciak	x2287	789-1287
	Dan Fisher	x2590	796-4590
	Julie Willett	x2224	789-1224
	Linda Belcher	x2559	796-4559
	Vanessa Davidsen	x2360	780-3360

COMMUNITY RELATIONS	(Central Michigan 2-1-1)	x7011	789-1211
	Toll Free Number		866-561-2500
	Brian Dunn	x2223	789-1223
	Carey McLamara	x2288	789-1288
	Chris Rockey	x2290	789-1290
	Christine King	x2292	789-1292
	Dawn Feldpausch	x2212	789-1212
	Heather English	x2533	796-4533
	Jennie Pollak	x2548	796-4548
	Jessica Embury	x2496	789-1496
	Kellie Schiller		517-206-6937
	Melissa Ladd-Patnode	x2494	789-1494
Nick Lynch	x2219	789-1219	

BUSINESS SERVICES DIVISION	Don Artman, Executive Director	x2508	796-4508
	Sheila Allen-French	2506	796-4506
	Matt Rieman	x2554	796-4554
	Sally Vainner	x2268	789-1268
	Steven Dunning	x2489	789-2489

FINANCE	Kevin Jenness, Director, Finance	x2505	796-4505
	Carol Rankin	x2586	796-4586
	Cindy Ball	x2481	789-2481
	JoAnn Kingery	x2497	789-2497
	Joni Kamke	x2493	789-2493

NETWORK PERFORMANCE & CONSUMER SERVICES DIVISION	Maribeth Caldwell, Executive Director	x2321	780-3321
	Annette Friday	x2353	780-3353
	Elizabeth Knoblauch	x2278	789-1278
	Nikki Adkins	x2232	789-1232
	Steve VanderMay	x2273	789-1273
	Vicki Anderson	x2315	780-3315

CONSUMER RELATIONS – RECIPIENT RIGHTS	Jill Bevier, Director	x2516	796-4516
	Audra Hornbeck	x2237	789-1237
	Kent Rehmann	x2325	780-3325

CUSTOMER SERVICES	Customer Services Main Number	x7009	780-3332
	Customer Services/Access Toll Free Number		1-866-630-3690
	Teresa Smith	x2599	796-4599

CONTRACTORS/ CONSULTANTS	Amber Whoolery	x2577	796-4577
	Evelyn Bacon, DHS Consultant	x2203	789-1203
	Kristin Pluta, Project Access Coordinator	x2511	796-4511
	Vicki Reynolds-Boyd, Contractor, Finance	x2236	789-1236

<u>FAX NUMBERS</u>	Administration		517-796-9426
	Community Connections		517-796-4575
	Customer Services		517-789-1276
	Finance		517-796-4532
	Recipient Rights		517-789-7564
	Physician's Unit		517-796-4515
	Physician's Unit File Room		517-796-4517
	Physician's Unit - Hillsdale		517-439-3339
	Utilization Management		517-789-1282
<u>COMMUNITY CONNECTIONS</u>	Community Connections Main Number	x7000	517-789-1200
	Community Connections Toll Free Number		1-800-284-8288
	CONSUMER SERVICES INC. - HILLSDALE		517-439-4228
	CONSUMER SERVICES INC. - HILLSDALE FAX		517-439-4224
<u>PROVIDERS</u>	A.R.E. (Jackson Drop In Center)		517-788-9166
	A.R.E. (Hillsdale Drop In Center)		517-439-9730
	CAPS		517-937-6152
	HOPE NETWORK – JACKSON		517-780-3304
	HOPE NETWORK – HILLSDALE		517-439-2642
	INTEGRO – JACKSON		517-789-1234
	INTEGRO - HILLSDALE		517-439-2609
	NEW PASSAGES – J TOWN CLUB HOUSE	x2391	517-780-3358
	FAX NUMBER		517-782-6576
	RECOVERY TECHNOLOGY		517-780-3336

[For a complete list of Provider Telephone Numbers, please see the Provider Network Directory on the LifeWays Internet: www.lifewayscmh.org](#)

What is LifeWays?

LifeWays is an organization that manages the behavioral health and substance use treatment and services for Jackson and Hillsdale County residents who meet requirements for eligibility. LifeWays does not directly provide treatment and services. Rather, LifeWays' function is to contract with private companies and individuals who do. The services we manage are provided by the LifeWays Provider Network – a group of more than 70 local private practices and professionals – ensuring convenient 24-hour access to a full spectrum of behavioral health and substance abuse care for our community. LifeWays is primarily funded by Medicaid and General Fund dollars that allow us to serve Medicaid beneficiaries and the uninsured and is a stand-alone PIHP and CMHSP.

What is a Prepaid Inpatient Hospital Plan (PIHP)?

The Michigan Department of Community Health (MDCH) contracts with its Community Mental Health Services Programs (CMHSPs) through eighteen (18) Prepaid Inpatient Hospital Plans (PIHPs, formally called Prepaid Health Plans or PHPs). Michigan solicited proposals for PIHP awards in 2002. Those CMHSPs that applied to become a PIHP undertook a very deliberative process to build the capacity and understanding among Community Mental Health Services Programs to meet the new requirements.

People with mental illness or developmental disabilities seeking specialty and supportive services first contact a PIHP's access center, a centralized point that provides outreach, information and referral, assessment, crisis intervention and service planning. The state defines the access-related requirements while allowing PIHPs like LifeWays to determine the arrangements that would work best in their communities.

PIHPs are required to serve people with developmental disabilities, serious mental illness, and serious emotional disturbances whether or not they are Medicaid eligible. To ensure that persons know where to turn for assistance, PIHPs must conduct a range of outreach activities to the general public through such vehicles as media campaigns, public advertising, the Internet, and service fairs.

Persons with addictive disorders typically receive substance abuse services and supports through sixteen (16) Substance Abuse Coordinating Agencies (CAs) operating throughout the state. While Michigan awards State-only and block grant funds directly to CAs, it includes Medicaid funding for these services in payments to PIHPs, which fund the CAs through formal agreements. LifeWays contracts with Mid-South Substance Abuse Commission (MSSAC) as a CA to administer the substance abuse services and manage the panel of SA providers in our two-county area.

Each PIHP employs customer service representatives who are typically located at the access center. Customer service staff orient consumers about accessing supports, answer benefits-related questions, channel participant complaints and grievances, and track recurring organizational problem areas.

When an individual approaches a PIHP access center for assistance, staff first determine if there is an emergency need for assistance. If so, they arrange an assessment and immediate access to crisis intervention services. In other instances, a professional from the PIHP is expected to meet participants face-to-face within 14 days to establish clinical eligibility for services. MDCH provides PIHPs with detailed guidelines that describe the clinical and functional factors to assess when determining clinical eligibility, but it does not provide a specific assessment tool. A more in-depth

exploration of specific treatment and/or support options is reserved for the person-centered planning process. Most specialty services for persons with developmental disabilities, serious mental illness, and substance abuse are carved out of the physical health managed care plans and provided through the PIHPs.

What is a Community Mental Health Services Program (CMHSP)?

Forty six (46) Community Mental Health Services Programs (CMHSPs) serve all 83 Michigan counties. Created by county government and financed by state, federal and local funds, CMHSPs provide a comprehensive range of services and supports to children and adults with mental illnesses and developmental disabilities. CMHSPs provide 24-hour emergency/crisis response services, 24-hour preadmission screening services, children's diagnostic and treatment services, the single point of entry into the public mental health system, management of mental health/specialty services benefits for persons enrolled in the Medicaid and MI Child programs and, in some cases, are the substance abuse coordinating agency in their region. CMHSPs were developed to take care of the more vulnerable and disabled persons in the community to provide an array of services to ensure each citizen has the opportunity to live a fulfilling and meaningful life.

Community Mental Health Services Programs are a valuable resource for other community organizations and agencies. This "community benefit" provides important supports to schools, courts, jails, law enforcement, child welfare and other vital community programs. CMHSPs promote, maintain and improve a comprehensive range of community-based mental health services, which enhance the quality of life, promote the emotional well-being, and contribute to healthy and secure communities which benefit all of Michigan's citizens. Services managed and delivered by CMHSPs are designed to assist individuals in achieving, maintaining and maximizing their potential and are provided in accordance with the principles of person centered planning.

CMHSPs are established by the Mental Health Code — Act 258 of the Public Acts of 1974 as amended. These single or multi-county boards are responsible for planning, monitoring, and implementing mental health programs for persons with mental illness and developmental disabilities. Mental health professionals provide services 24 hours a day - regardless of ability to pay.

Ability-to-Pay Determination: The amount a consumer is obligated to pay for services. It is calculated based on a consumer's income, assets and number of dependents using a formula required by State law.

Access: The entry point to the Prepaid Inpatient Health Plan (PIHP), sometimes called an “access center,” where Medicaid beneficiaries call or go to request mental health services. LifeWays’ primary access center is Community Connections, but a consumer may also access at Allegiance Health and the Hillsdale Community Health Center.

Adjudication: The process in which submitted claims are reviewed to determine whether they are clean or not. It includes the investigation of claims that are not clean at the time of submission.

Adult Benefits Waiver (ABW): Michigan health care program for certain low-income adults who are not eligible for the Medicaid program. Contact Customer Services Unit for more information. This is a narrowly defined benefit that does not entitle a consumer to all of the specialty supports and services offered by the PIHP.

Advanced Directive: A communication given by a competent adult which gives directions or appoints another individual to make decisions concerning a patient's care, custody or medical treatment in the event that the patient is unable to participate in medical treatment decisions.

Algorithms: Protocols or guidelines adopted by LifeWays as to the procedures appropriate for clinicians to employ in making a diagnosis and treating it. The goal of the algorithms is to make decision making more uniform, reduce inappropriate and unnecessary care.

Alternative Provider: Out-of-network provider who has been determined as the most appropriate provider for a given case.

Amount, Duration, and Scope: How much, how long, and in what ways the Medicaid services that are listed in a person’s individual plan of service will be provided.

Appellant: An individual filing an appeal.

Applied Behavioral Intervention: These are short-term activities which result in the use of interventions based on simple positive reinforcement techniques. Use of these interventions does not require use of an operational definition, functional and environmental analysis of behavior, or formalized data collection procedures. On going assessment must include whether the consumer's behavioral difficulties have stabilized and whether the behavior poses a risk of serious harm to the consumer or others.

Applied Behavioral Services: Applied Behavioral Services are activities which result in the development and monitoring of a behavior treatment plan incorporated into the consumer's Person-Centered Plan. These services must be designed by a behavioral psychologist. The process includes an operational definition of target behaviors, a functional and environmental analysis of the behaviors, use of applied behavior modification techniques, and systematic use of data collection procedures such as interval or time sampling. The behavioral psychologist may train direct care staff to carry out the interventions in the plan.

ARR: Application for Renewal and Recommitment. Intended to formally introduce new and enhanced expectations of performance, and revitalization of Michigan’s commitment to excellence in the priorities and directions outlined by MDCH in the August 2008 Concept Paper.

Authorized Service: Medically necessary services pre-approved by LifeWays.

BBA: The Balanced Budget Act of 1997. The BBA helped to eliminate the national deficit, create the State Children's Health Insurance Program, and reduced and restructured Medicare and Medicaid payments to health care providers. As a Medicaid provider, PIHPs and its subcontractors are required to adhere to the statutes of the BBA.

BRMC (Behavior/Risk Management Committee): An interdisciplinary Quality Improvement committee, which reviews clinical cases that are problematic and high-risk. The committee also reviews all cases where psychotropic medications are used for behavioral control to provide consultation and assurance that the least restrictive and most appropriate level of care is used.

Benchmark: A standard by which something can be measured, judged, or compared.

Beneficiary: An individual who is eligible for and enrolled in the Medicaid program in Michigan.

Business Days: LifeWays is open Monday-Friday from 8:00 a.m. to 5:00 p.m. except on the following holidays: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve.

CA: An acronym for Substance Abuse Coordinating Agency. The CAs in Michigan manage services for people with substance use disorders. LifeWays' CA is Mid-South Substance Abuse Commission (MSSAC).

CAFAS (Child and Adolescent Functional Assessment Scale): Department of Community Health required assessment tool, which provides a snapshot of a child/adolescent's functional status at the time of administration.

CSF (Critical Success Factor): Areas in which results must be satisfactory in order to ensure achievement of LifeWays' goals and successful performance of the organization. These are determined by the LifeWays Board of Directors.

Care Manager: An RN or Social Worker who locates, mobilizes and manages a variety of homecare and other services for Medicaid and Medicare eligible people who are at a high risk for nursing home placement, and either 60 years of age and older, or physically disabled.

Care Plan: The individual plan of service developed for consumers in the Home Life program.

Carve-Out: Program delivery and financing design where a payer arranges services for certain populations (such as persons with mental illnesses) or separates out certain services from primary medical care. Services are managed and provided through a distinct managed care/provider system.

Case Manager: Individual employed by a case management organization who is responsible for linking the consumer to services and coordinating and monitoring the services to achieve successful outcomes.

Claim: A request for reimbursement under a benefit plan for services.

Clinical Reviewer: A LifeWays employee/contractor, with demonstrated credentials and competence to perform assigned clinical reviews within the provider network.

CMHSP: An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and developmental disabilities. LifeWays is both a PIHP and a CMHSP.

COD: Co-occurring disorders (mental health and substance abuse).

Concurrent Review: A review of services as they are being rendered to determine compliance with Standards & Best Practice Guidelines, clinical protocols or appropriateness of care.

Consumer: An individual who has received or is receiving LifeWays' services.

Consumer Category: Groupings based on age, level of functioning, prior treatment and (in some cases) diagnosis. See: SPMI, SMI, LSMI, SED, DD.

Credentialing: The review process to approve a practitioner or organization that has applied to participate in the LifeWays network of providers.

Crisis Intervention: Unscheduled assessment and treatment for the purpose of resolving an urgent/emergent situation requiring immediate attention.

Deductible (or Spend-Down): A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the month.

DD (Persons with Developmental Disabilities):

- Impairment of general intellectual functioning and adaptive behavior that occurs before age twenty-two (22) which;
 - ✓ Limits one (1) or more major life functions;
 - ✓ IQ of sixty-nine (69) or below;
 - ✓ Impairment has continued since its origination or can be expected to continue indefinitely.

MILD	Global Assessment Scale (GAS) Score:	41-100
MODERATE	Global Assessment Scale (GAS) Score:	21-40
SEVERE	Global Assessment Scale (GAS) Score:	1-20

EBP: Evidence-Based Practice.

eCura: The Electronic Medical Record (EMR) used by LifeWays' Network Providers to record consumer demographics, clinical treatment and submit claims.

Encounter: A single unit of service.

Encounter Data: Data related to treatment or service rendered by a provider to a consumer.

EMR: Electronic Medical Record.

Eligibility: The determination that an individual meets the requirements to receive services as defined by the payor.

Emergent: Sudden and serious condition, which requires immediate care to avoid serious jeopardy to a person's health or life.

EQRO: External Quality Review Organization. MDCH contracts with an External Quality Review Organization to evaluate PIHP compliance with the standards of the Balanced Budget Act (BBA).

Fair Hearing: A state level review of beneficiaries' disagreements with health plans' denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Community Health perform the reviews.

GAF Score: Global Assessment of Functioning Score.

GAS Score: Global Assessment Scale Score.

Health Insurance Portability and Accountability Act (HIPAA): This legislation is aimed in part at protecting the privacy and confidentiality of patient information. "Patient" means any recipient of public or private health care, including mental health care, services.

Home and Community Based Waiver: Permits states to offer, under a waiver a wide array of home and community based services to an individual to avoid institutionalization.

Initial Authorization (also called Pre-Authorization): Approved medically necessary services at a given level of care prior to services being rendered.

IPOS: Individual Plan of Service. Also referred to as the Treatment Plan, Person-Centered Plan, or Plan of Service that outlines the goals, objectives, length, scope, duration, and intensity of the services that the consumer will receive to achieve their desired treatment outcomes.

IS: Intensity of service.

JCAHO (Joint Commission on Accreditation of Healthcare Organizations): The national accrediting organization that evaluates and certifies hospitals and other healthcare organizations as meeting certain administrative and operational standards.

LSMI Adult (Adults with Less Serious Mental Illness):

- Age eighteen (18) or older;
- Mental, behavioral or emotional disturbance which results in some reduced functioning in social, family, occupational, self-care or school roles; **AND**
- Global Assessment Scale (GAS) score of fifty-one (51) or higher without psychiatric hospitalizations.

LSMI Child (Children with Less Serious Mental Illnesses):

- Age seventeen (17) or under;
- Mental, behavioral, or emotional disturbance severe enough to substantially interfere with or limit functioning in family, school, or community activities; **AND**
- Overall CAFAS Score under 50 without a score of 30 on any of the first 8 subscales or without a score of two 20s on any of the first 8 subscales

Least Restrictive Environment: The least intensive/restrictive setting of care sufficient to effectively treat a consumer.

MDCH: An acronym for Michigan Department of Community Health. This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to people with mental illness, developmental disabilities and substance use disorders.

Medically Necessary Services: Services that are appropriate and necessary for the diagnosis, treatment, or support of a diagnosable behavioral health condition, based upon LifeWays' protocols. "Medically Necessary" is a term used to describe one of the criteria that must be met in order for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his/her mental health, developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning.

Michigan Mental Health Code: The state law that governs public mental health services provided to adults and children with mental illness, serious emotional disturbance and developmental disabilities by local community mental health services programs and in state facilities.

MICChild: Health insurance program for children under age 19 who are not eligible for Medicaid and whose family income is between 150% and 200% of the Federal poverty level and who do not have health insurance coverage.

MIS: Management Information System.

Member: A potential recipient of services provided by LifeWays and its provider network. Members include all residents of Jackson and Hillsdale counties.

Natural Resource Linking: Processes that maximize the use of family and community support systems to optimize functioning.

Net Need: Those consumer needs which are unmet after existing community and natural resources have been maximized.

Network Provider: Provider with whom LifeWays has credentialed for a defined set of services and maintains a signed contract.

Outlier: An event that falls outside a particular range (e.g., average length of stay is significantly greater than the norm).

Penetration Rate: The degree to which the targeted population is enrolled/served in a managed care plan.

Person-Centered Planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or requires. The resulting treatment document is the Person-Centered-Plan.

PIHP: An acronym for Prepaid Inpatient Health Plan. There are 18 PIHPs in Michigan that manage the Medicaid mental health, developmental disabilities, and substance abuse services in their

geographic areas. All 18 PIHPs are also community mental health services programs. LifeWays is both a PIHP and a CMHSP.

Pre-Authorization (also called Initial Authorization): Approved medically necessary services at a given level of care prior to service delivery.

Primary Clinician: Professional assigned after the initial intake who is ultimately responsible for implementation/coordination of the Person Centered Plan.

Primary Care Physician (PCP): The physician who provides primary health care for a consumer whose services received from a provider in the provider network must be communicated and coordinated with the PCP.

Privacy: The right of a consumer, protected under the Health Insurance Probability and Accountability Act, for his/her protected health information to be securely held and used.

Professional Staff Organization (PSO): A collective body of practitioners who meet appropriate credentialing requirements and have been privileged to function independently within the scope of a defined area.

PPG: Program Policy Guidelines. Public Act 258 (1974 as amended) and the Administrative Rules which implement the Act require that each community mental health services program (CMHSP) examine and evaluate the mental health needs of the county or counties it represents and submit both an annual plan and a budget for the program, which is completed through the annual PPG submission.

Protected Health Information (PHI): PHI is all individually identifiable information provided for or by a consumer about that person that is used for treatment, claims, and/ or business operations.

Public Consumer: Consumer insured by Medicaid or for whom no third-party reimbursement is available and for whom Medicaid is ultimately denied due to ineligibility.

QHP: Qualified Health Plan.

Quality Management Council (QMC): Designated committee to provide oversight for all LifeWays Quality Improvement activities. The committee consists of LifeWays personnel.

QI File: The consumer demographic file that is transmitted to MDCH on a monthly basis and reports critical demographic status elements extracted from eCura.

QIP: Quality Improvement Plan.

Recidivism: Rate of re-admission into a program or service.

Recovery: A journey of healing and change allowing a person to live a meaningful life in a community of their choice, while working toward their full potential. Recovery is consumer-defined.

REE: Recovery Environment Enhancing survey. A recovery survey adopted by the MDCH for adults with mental illness.

Re-Credentialing: The review process to determine if a provider continues to meet the criteria for inclusion as a LifeWays provider.

Resiliency: The ability to “bounce back.” This is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

SED (Children with Serious Emotional Disturbances):

- Age seventeen (17) or under;
- Mental, behavioral, or emotional disturbance severe enough to substantially interfere with or limit the minor's role or function in family, school, or community activities;
- Overall CAFAS Score of 50 or above, or 2-20s on any of the first eight subscales, or 1-30 on any of the first eight subscales, except for substance abuse.
(Reference: Section IV. MDCH Practice Guidelines, SED Technical Advisory; new in 2008)

SI: Severity of illness.

SMI (Persons with Serious Mental Illness):

- Age eighteen (18) or older;
- Substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life;
- Global Assessment Scale (GAS) score less than or equal to fifty (50) OR
- One (1) or more psychiatric hospitalizations or crisis home admissions in the last year.

Specialty Supports and Services: A term that means Medicaid-funded mental health, developmental disabilities and substance abuse supports and services that are managed by the Pre-Paid Inpatient Health Plans.

Specialized Outpatient Services: Occupational Therapy, Physical Therapy, Dietary, Nursing, and Speech Therapy.

Specialized Residential: Residential services that include living accommodations and treatment and training services to consumers. Includes specialized foster care, small and large group residential specialized programs. Does not include crisis residential.

SPMI (Persons with Serious and Persistent Mental Illness):

- Age eighteen (18) or older;
- Substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life;
- Global Assessment Scale (GAS) score less than or equal to thirty (30) AND
- Three (3) or more psychiatric hospitalizations or crisis home admissions in the last year.
- Includes all persons diagnosed with:

*Bipolar Disorders	296.00-296.96
*Schizophrenia	295.20-295.90
*Major Depressive Disorders	296.20-296.36

Substance Use Disorder (or substance abuse): Is defined in the Michigan Public Health Code to mean the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

Support Plan: The Person-Centered Plan that addresses the natural resources and community resources available to the consumer.

Therapeutic Support Services: Examples include Motivational Interviewing and Gentle Teaching.

Third-Party Billing: When an insurance company is billed for services.

Treatment Dispute Resolution Process: Process to resolve consumer clinical treatment complaints that cannot otherwise be resolved through informal complaint procedures.

Treatment Plan: Also referred to as the Individual Plan of Service, Person-Centered Plan, or Plan of Service that outlines the goals, objectives, length, scope, duration, and intensity of the services that the consumer will receive to achieve their desired treatment outcomes.

Urgent: A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

Utilization Management Authorization: Medically necessary services approved prior to services being rendered.

Utilization Manager: LifeWays professional who reviews a consumer's clinical data to determine the clinical necessity of care and authorizes services associated with the plan of care.

ABW	Adult Benefit Waiver	HIPAA	Health Insurance Portability and Accountability Act
ACT	Assertive Community Treatment	IPLT	Improving Practices Leadership Team
ARR	Application for Renewal and Recommitment	IS	Information Systems
BRMC	Behavior Risk Management Committee	IT	Information Technology
CAFAS	Child & Adolescent Functional Assessment Scale	LLP	Limited Licensed Psychologist
CAM	Common Area Maintenance	LPC	Licensed Professional Counselor
CARF	Commission on Accreditation for Rehabilitation Facilities	LTC	Long Term Care
CCISC	Comprehensive Continuous Integrated System of Care	MACMHB	Michigan Association of Community Mental Health Boards
CDRS	Central Diagnostic and Referral Services	MIMBPIS	Michigan Mission-Based Performance Indicator System
CEO	Chief Executive Officer	MCO	Managed Care Organization
CLS	Community Living Supports	MDCH	Michigan Department of Community Health
CHAMPS	Community Health Automated Medicaid Processing System	MH	Mental Health
CMHSP	Community Mental Health Service Providers	MI	Mental Illness
CMS	Center for Medicaid Services	MPRI	Michigan Prisoner Reentry Initiative
COD	Co-Occurring Disorder	MST	Multi Systemic Therapy
COFIT	Continuous Integrated Systems of Care Outcome Fidelity and Implementation Tool	MSSAC	Mid South Substance Abuse Commission
CSI	Consumer Services, Inc.	NCQA	National Committee on Quality Assurance
CWP	Children's Home and Community Based Services Waiver Program	NGRI	Not Guilty by Reason of Insanity
DBT	Dialectical Behavior Therapy	NPI	National Provider Identifier
DCH	Department of Community Health	PAP	Patient Assistance Program
DD	Developmentally Disabled	PATH	Projects to Assist in Transition from Homelessness
DHS	Department of Human Services	PCP	Person Centered Planning
DRA	Deficit Reduction Act	PCS	Professional Consulting Services
ECT	Electroconvulsive Therapy	PERKS	People Enjoying Really "Kool" Surroundings
EBP	Evidence-based Practices	PICC	Personalized Interdependence Community Curriculum
EMR	Electronic Medical Record	PIHP	Prepaid Inpatient Health Plans
EQR	External Quality Review	PPG	Program Policy Guidelines
FPE	Family Psycho-education	QI&CR	Quality Improvement & Credentialing
FY	Fiscal Year (October 1 -September 30)	QM	Quality Management
GF	General Fund	QMRP	Qualified Mental Retardation Professional
HCFA	Health Care Financing Authority	SA	Substance Abuse
HIPAA	Health Insurance Portability and Accountability Act	SAISF	Substance Abuse Internal Reserve Fund
HSW	Habilitation and Supports Waiver	SAMHSA	Substance Abuse & Mental Health Services Administration
ICF/MR	Intermediate Care Facilities for Mental Retardation	SD	Self Determination
IDDT	Integrated Dual Disorder Treatment	SDMI	Severe Disabling Mental Illness
ISF	Internal Service Fund	SED	Serious Emotional Disturbance
IT	Information Technology	SSI	Supplemental Security Income
JEBPP	Jackson Evidence-Based Practice Partnership	SWOT	Strengths Weaknesses Opportunities Threats
LOS	Length of Stay	TSG	The Standards Group
HCHC	Hillsdale Community Health Center	TTI	Training & Treatment Innovations
		UM	Utilization Management
		YTD	Year-to-Date