

MiCAL - PIHP/CMHSP/CCBHC Care Coordination Requirements:

Attachments: MDHHS Care Coordination Memo

Care Coordination between MiCAL and each CMHSP/PIHP/CCBHC is critical in the development of a comprehensive crisis system of care. Coordination with MiCAL does not require CMHSPs/PIHPs/CCBHCs to provide additional face to face crisis services to any additional populations from what they are required to provide contractually and by the Michigan Mental Health Code.

Care Coordination will happen through four different transactions:

- Referrals to CMHSPs/PIHPs/CCBHCs with follow up by MiCAL
- MiCAL Activation of face-to-face crisis services
- Encounter Reports on MiCAL services provided to people who are open to services at CMHSPs, PIHPs, and CCBHCs
- Crisis Alerts notifying MiCAL that a Michigander needs individualized support

The follow requirements will help facilitate this coordination.

1. Crisis and Access Service Information

MiCAL recognizes that crisis and access services vary from region to region in terms of population served, hours of service, and services provided. The BHDDA CRM through the Partner Portal will house details on crisis and access services provided by an individual CMHSP/PIHP/CCBHC.

2. Referrals

CMHSPs and PIHPs will receive and acknowledge referrals from MiCAL through the Partner portal within 1 business day. *(Please note: an email is sent to a designated email address for notification of a referral in the portal.)*

Non-Crisis Request for Service Weekday Business Hours:

1. Person calls MiCAL
2. MiCAL provides support, triage and determination of risk level* and when necessary, performs a SAFE-T.
3. Risk Level is low
4. MiCAL determines payer type.
5. MiCAL does not do an official level of care assessment, but based on conversation, person appears to qualify for CMHSP/PIHP/CCBHC services based on severity of need and Medicaid. (note: when there is any doubt on severity, MiCAL will refer to the CMHSP).
6. MiCAL Staff make a warm handoff to CMHSP/PIHP/CCBHC Access during the day via three-way call.
7. MiCAL completes encounter note and referral form within the CRM.
8. Referral and MiCAL encounter will come to CMHSP/PIHP/CCBHC through the CRM portal in real time.
9. CMHSP/PIHP/CCBHC staff will receive, read, and acknowledge the referral. *(Note: CMHSP/PIHP/CCBHC will choose the people will receive referrals or they could*

go to a special email box. The email notification can be changed at any time by the CMHSP IT Administrator.)

10. MiCAL staff will follow up with the person to make sure they are connected just like they do with any other referral.

Afterhours Request for Service Process:

1. Person calls MiCAL
2. MiCAL provides support, triage and determination of risk level.
3. Risk Level is low
4. MiCAL determines payer type.
5. MiCAL does not do an official level of care assessment, but based on conversation, person appears to qualify for CMSHP/PIHP/CCBHC services based on severity of need and Medicaid. (Note: when there is any doubt on severity, MiCAL will refer to the CMHSP).
6. MiCAL completes encounter note and referral form within the CRM.
7. Referral and MiCAL encounter will come to CMSHP/PIHP/CCBHC through the CRM portal in real time.
8. CMSHP/PIHP/CCBHC staff will receive, read, and acknowledge the referral. (Note: CMSHP/PIHP/CCBHC will choose the people will receive referrals or they could go to a special email box. The email notification can be changed at any time by the CMHSP IT Administrator.)
9. CMSHP/PIHP/CCBHC staff will contact the person in need based on the notes in the referral. (When there is no warm handoff, MiCAL staff will document what the receiver of the referral is supposed to do upon receipt of the referral, i.e. call the person back at a specified number, call during specific times, wait for the person to show up for open access hours, wait for the person to call.)
10. MiCAL staff will follow up with the person to make sure they are connected as they do with any other referral.

3. MiCAL Activation of face-to-face crisis services:

- All CMHSPs/ CCBHCs must provide a streamlined and non-duplicative process for MiCAL's activation of face-to-face crisis services to optimize support for the caller.
- All CMHSPs/CCBHCs will provide a contact phone number(s) for 24/7 activation of face-to-face crisis services for MiCAL Call Specialists.
- CMHSP/CCBHC direct or contract employee must be available 24/7 that can dispatch the face-to-face crisis services (i.e. preadmission screening, crisis stabilization, mobile crisis, or CSU).
- MiCAL coordination is only for existing crisis services that the CMHSP/CCBHC already provides and does not require the addition of any new services or expansion of population served.

Face to Face Crisis Service Request:

Draft Care Flow:

1. Person calls MiCAL
2. MiCAL does a risk assessment to determine level of risk*
3. Person is flagged as moderate to high risk, therefore some type of face-to-face crisis service is needed.
4. MiCAL contacts a local crisis service provider(s) that can dispatch face to face crisis services (i.e. mobile crisis, preadmission screening, CSU-like service).
MiCAL will have a discussion with each CMHSP/PIHP/CCBHC to set up the referral protocol and to determine which local provider(s) should receive real-time crisis referrals.
5. MiCAL encounter and referral will come to “Local contact” through the CRM portal in real time.
6. Crisis Service Provider staff will receive, read, and acknowledge the referral. (*Note: Crisis Service Provider will choose the people will receive referrals or they could go to a special email box. The email notification can be changed at any time by the Crisis Service Provider IT Administrator.*)
7. MiCAL staff will follow up with the person to make sure they are connected just like they do with any other referral.

4. **Must receive encounter reports.**

An important part of care coordination is ensuring that treatment providers are aware of services provided by MiCAL to the people they serve. MiCAL staff will ask callers if they are currently receiving services. They will also ask permission to share the encounter report with the treatment entity through the portal. Each entity must log into the CRM Partner Portal at least once daily to receive any encounter reports of activities by MiCAL.

5. **Crisis Alerts**

There are individuals who necessitate a higher level of coordination including the provision of guidance from the treatment entity to MiCAL on the provision of crisis supports if the individual contacts the MiCAL line. As they deem necessary, CMHSPs/CCBHCs should use the crisis alert functionality for these individuals to best support them.

MiCAL-9-8-8-Regional Rollout Timeline:

Rollout information and timeline shared with PIHP/CMSHP/CCBHC Directors via email on 11/4/21.

MiCAL- 9-8-8 Presentation

- Presentation Date: Wednesday, Nov. 17th at 9:30 am
- Content: Overview of the MiCAL 9-8-8 Rollout and MiCAL's role with 9-8-8; Coordination Requirements

Region Specific Training:

- Will occur start 5 to 6 weeks in advance of go live
- **MiCAL- 9-8-8 Director/Administrator Level Discussion** (Review of the MiCAL 9-8-8 Rollout and MiCAL's role with 9-8-8; Coordination Requirements; training on CRM Functionality, Training Dates, & Staff Identification)
- **IT Email outlining staffing permissions via email** (Outline the correct profiles and process to add Crisis Service staff to the CRM)
- **PIHP/ CMHSP/ CCBHC Staff 9-8-8 MiCAL Rollout Training:** (Overview of the MiCAL 9-8-8 Rollout and MiCAL's role with 9-8-8; Coordination Requirements; In-Depth training on CRM Functionality)

MiCAL 9-8-8 Rollout:

January 2022: Region 3 counties

February 2022: Region 10 counties

March 2022: Region 2 counties

April & May 2022: Region 5 counties

June 2022: Region 6 counties

July and August 2022: Detroit Wayne Integrated Health Network – Wayne County

September 2022: Region 4 Counties

October 2022: Macomb