

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ANNUAL SUBMISSION REQUIREMENT INSTRUCTIONS  
\*\* DUE DATE EXTENSION – THURSDAY, MARCH 31, 2022\*\***

**GENERAL INSTRUCTIONS**

The Annual Submission requirements are found in Section 7.8 and Attachment 6.5.1.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

There are four requirements for submission for FY21:

- Attachment A: Waiting List
- Attachment B: Request for Service and Disposition of Requests
- Attachment C: Community Data Set Worksheet
- Attachment D: Community Stakeholder Survey
- Attachment E: Needs Assessment- Priority Needs and Planned Actions

**Please submit completed forms to:**  
**[MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov)**

The due date has been extended to **Thursday, *March 31, 2022.***

## **INSTRUCTIONS FOR COMPLETION OF EACH SUBMISSION REQUIREMENT FOLLOW:**

### **1. WAITING LIST FORM**

#### **PURPOSE OF FORM AND GENERAL INSTRUCTIONS**

The Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met. The purpose of this form is to gather information about the use of waiting lists by CMHSPs and the people waiting for various types of services.

#### **GENERAL INSTRUCTIONS**

**AS OF DATE** - For the number of people on the waiting list as of a certain date, please indicate the date that you started the waiting list.

**TIME PERIOD COVERED FOR ADDED/REMOVED** - In order to get information about the number of people added and removed during a certain time period, please indicate the time period you are using.

**SPECIFY HCPCS AND CPT CODES INCLUDED IN THIS CATEGORY** - In the row provided (under each category), please specify which HCPCS and CPT codes that you include in each category. The column will expand as you type.

#### **NARRATIVE**

How do you assure that service needs are met at an individual level as well as from a program capacity level? The column will expand as you type.

#### **COLUMN INSTRUCTIONS**

**Program Type** - Program type/services to report for waiting list activity.

**MI Adult** – Anyone that is 18 years old or older with a mental illness.

**DD** – Anyone with a developmental disability.

**SED** - Anyone that is 17 years or younger with serious emotional disturbance.

**Total** – Sum of the MI Adult, DD and SED columns.

#### **ROW INSTRUCTIONS**

**Targeted CSM/Supports Coordination** – Services included here are client services management and supports coordination.

- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were added during the time period covered.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that came off the waiting list during the time period covered due to receiving the services that were requested.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were left on the waiting list at the end of the time period covered.

**Intensive Interventions/Intensive Community Services** - Services included here are assertive community treatment, home based services, integrated dual disorder treatment and dialectal behavior therapy.

- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were added during the time period covered.

- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that came off the waiting list during the time period covered due to receiving the services that were requested.
- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were left on the waiting list at the end of the time period covered.

**Clinic Services/Medication** - Services included are assessment/evaluation, psychological services, education/medication monitoring, nursing, health outpatient, Parent Management Therapy Oregon Model, family psycho- education, occupational therapy, physical therapy and speech.

- ❖ Report the number of people requesting Clinic Services/Medication services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Clinic Services/Medication services that were added during the time period covered.
- ❖ Report the number of people requesting Clinic Services/Medication services that came off the waiting list during the time period covered due to receiving the services that were requested.
- ❖ Report the number of people requesting Clinic Services/Medication services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Clinic Services/Medication services that were left on the waiting list at the end of the time period covered.

**Supports for Residential Living** - Services included here are 24 hours support for residential and crisis residential.

- ❖ Report the number of people requesting Supports for Residential Living services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Supports for Residential Living services that were added during the time period covered.
- ❖ Report the number of people requesting Supports for Residential Living services that came off the waiting list during the time period covered due to receiving the services requested.
- ❖ Report the number of people requesting Supports for Residential Living services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Supports for Residential Living services that were left on the waiting list at the end of the time period covered.

**Supports for Community Living** - Services included here are community living supports less than 24 hours, supported employment, skill building, clubhouse and respite.

- ❖ Report the number of people requesting Supports for Community Living services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Supports for Community Living services that were added during the time period covered.
- ❖ Report the number of people requesting Supports for Community Living services that came off the waiting list during the time period covered due to receiving the services requested.
- ❖ Report the number of people requesting Supports for Community Living services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Supports for Community Living services that were left on the waiting list at the end of the time period covered.

## **2. REPORT ON THE REQUESTS FOR SERVICES AND DISPOSITION OF REQUESTS**

### **PURPOSE AND GENERAL INSTRUCTIONS**

MDHHS will use this report to gather data on requests for service and about the disposition of those requests. The reporting categories in the CMHSP Assessment section are consistent with the TSG waiting list standards. Additionally, a narrative submission is also being required to assist in understanding the information provided.

### **NARRATIVE:**

- A. Please provide a brief description of how the CMHSP collects and maintains the data reported on this form.
- B. In no more than one page, please briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].
- C. Also, please provide a brief clearly labeled narrative describing noticeable trends and CMHSP response to these trends in service requests. If these represent an increased demand for services, explain how you plan to manage this increased demand in FY19. If changes in eligibility rules result in termination of services to current consumers include this information.

### **COLUMN INSTRUCTIONS**

**DD All Ages** – Individuals with Developmental Disabilities of all ages.

**Adults with MI** – Anyone that is 18 years old or older with a mental illness.

**Children with SED** - Anyone that is 17 years or younger with serious emotional disturbance.

**Unknown and All Other** – Anyone else that doesn't fit into the other categories; please add a footnote to describe who is reported in this category.

**Total** - this is the sum of the previous four columns.

### **CMHSP POINT OF ENTRY-SCREENING**

- Row 1** Report the total number of people that walked in or called in with any request.
- Row 2** Report if the numbers in Row 1 are unduplicated with a "yes" or "no" under each category.
- Row 3** Of the number reported in Row 1 - Report the number of requests that were referred out due to non mental health needs. For example, the telephone inquiry is about Food Stamps or another non mental health need, the CMHSP would then refer the caller to DHS or another community provider for that specific service.
- Row 4** Of the number reported in Row 1 - Report the total number of people who requested services the CMHSP provides – irrespective of their eligibility.
- Row 5** Of the number in Row 4, report the number of people who did not meet eligibility criteria determined through a phone screen.
- Row 6** Of the number in Row 4, report the number of people who met eligibility criteria via a phone screen and/or were scheduled for assessment.
- Row 7** Report and describe any other people reported in Row 4 that are not counted in row 5 or 6 in this row and describe.

### **CMHSP ASSESSMENT**

- Row 8** Of the number reported in Row 6 – Report the number of people who did not receive eligibility determination (dropped out, no show, etc.).

- Row 9** Of the number reported in Row 6 - Report the number of requests made by people who are Medicaid beneficiaries that do not meet specialty services (PIHP) service criteria and would be better served by another Medicaid fee for service provider, but not the health plan, and did not receive CMHSP provided mental health services. "MA" refers to Medicaid.
- Row 10** Of the number reported in Row 6 - Report the number of requests made by people who are Medicaid beneficiaries that do not meet specialty services (PIHP) service criteria and would be better served by the Medicaid Health Plan and did not receive CMHSP provided mental health services.
- Row 11** Of the number reported in Row 6 - Report the number of people that otherwise did not meet CMHSP non-entitlement (GF) eligibility criteria.
- Row 11a** Of the number reported in Row 11 – Report the number of people that were referred out to other mental health providers.
- Row 11b** Of the number reported in Row 11 – Report the number of people that were not referred out to any other mental health providers.
- Row 12** Of the number reported in Row 6 - Report the total number of people that met CMHSP eligibility criteria.
- Row 13** Of the number reported in Row 12 - Report the number of people with Serious Mental Illness, Serious Emotional Disturbance or Developmental Disabilities who were in emergent or urgent situations.
- Row 14** Of the number reported in Row 12 - Report the number of people who met the CMHSP criteria for immediate services and were not placed on the CMHSP waiting list for any services.
- Row 15** Of the number reported in Row 12 - Report the number of persons who were placed on a waiting list.
- Row 15a** Of the number in Row 15, report the number of people that received some CMHSP services but were also wait-listed for other CMHSP services.
- Row 15b** Of the number in Row 15, report the number of people that were wait-listed for all CMHSP services.
- Row 16** Report any other people that did not fit into any of the above categories, please include a description of these individuals in the narrative.

**3. COMMUNITY DATA SET WORKSHEET:**

The Data Set Form is an annual requirement which has a separate set of instructions.

**4. Needs Assessment: Priority Needs and Planned Actions**

Instructions are included on this document.

**NOTE: CMHSPs are only required to complete the Stakeholder Survey and Priority Needs and Planned Action every 2 years. All CMHSPs are required to complete both for FY 21.**

**The Data Set Form is an annual requirement.**