



Mark A. Hackel  
County Executive

# COMMUNITY MENTAL HEALTH

OFFICE OF SUBSTANCE ABUSE

22550 Hall Road

Clinton Township, MI 48036

Phone: 586-469-5278 FAX: 586-469-5568

www.mcosa.net

To: MCOSA Contracted Treatment Providers

From: Helen Klingert, Assistant Director *HK*

Re: Summary of Changes For Fiscal Year 2015

John L. Kinch  
Executive Director

Randy J. O'Brien  
Program Director

As previously discussed at the September MCOSA Provider Directors Meeting and during the Focus trainings this month, there are several changes occurring related to the MCOSA Access Management and Data Systems as summarized below.

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### Access Management System Changes

Effective October 1, 2014, all Access Management System functions, including screening, referral, processing of authorizations, change in level of care requests, and waiting list management, will be conducted by the Macomb County Community Mental Health Access Center. CARE will discontinue providing Access services on September 30, 2014, but will continue to provide Peer Recovery Coach, specialized case management, including Women & Family and Methadone case management, and Prevention services.

Contact information for the Access Center includes:

<b>Consumer Line</b>	<b>586-948-0222</b>
<b>Provider Line</b>	<b>586-948-0206</b>
<b>Business Line (8:30-5:00)</b>	<b>586- 948-0224</b>
<b>Fax</b>	<b>586-948-0223</b>

### Data Management System Changes

Also changing for the new fiscal year is the data management system. Beginning October 1<sup>st</sup> and forward, all new open client cases will be entered in the Focus system. All services occurring October 1<sup>st</sup> or later will need to be authorized and billed in the Focus system as well (<https://w3.pcesecure.com/cgi-bin/WebObjects/MCCAdmin>). MCOSA has provided training to your staff on the differences between the CareNet data system to the Focus data system, including how to navigate the new system, gain access to the system and how to have a client record "Opened" to your agency. The instructions provided during the Focus training are available in the MCOSA Provider Manual found in the documents link on the MCOSA website at mcosa.net. A copy of the Focus training power point presentation, along with screen shots for Admissions, Discharges, Authorizations, Reauthorizations, SUD Self Policy (financial screen),



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Medicaid/HMP look up, and Focus password assistance are included on the website.

The "Request to Open a Case" form and the new Access Center release have also been included with this information on the website for you to download, as well as attached in this email.

If you experience problems accessing or using the Focus system, contact the Focus Help Desk.

**Focus Help Desk: 586-463-8566**

**Email: [focus.helpdesk@mccmh.net](mailto:focus.helpdesk@mccmh.net)**

Programs need to ensure that all inactive CareNet records are appropriately discharged in CareNet before September 28, 2014 so that data conversion to the new system that will occur on that date is accurate (i.e., make sure all discharge records are up to date).

The CareNet system will be active for all client information occurring prior to October 1, 2014, and for processing billing/payment for all services provided during FY 2014. After the FY 2014 bills are processed, CareNet will be discontinued for providers, as no service information occurring in FY 2015 is to be entered in CareNet – discharges occurring in FY 2015, authorizations and billing for services occurring in FY 2015 – as these are all to be entered into the Focus system.

#### Data Transition Process

All open CareNet Admissions up to September 28, 2014 will be automatically transferred and open to your agency in Focus on October 1, 2014. Admissions entered in CareNet on September 29 & 30 will not be included in the file transfer process and will need to be manually entered into Focus by your agency in October. The data transition will only include demographics and the admission record. Authorization, financial and payor information will need to be entered into Focus prior to billing for October services. All authorizations/reauthorizations previously approved in CareNet will be honored through their existing "Expiration Date" but will need to be entered into Focus by your agency so services provided on or after October 1, 2014 can be billed. These requests are to be entered into the Focus "SUD Authorization" (initial authorization request) to reflect the remaining units and expiration date of the existing CareNet authorization or reauthorization. Set the beginning authorization date to "10/1/2014". Indicate "transition request" in the comments section of the form to reflect there is an open authorization in the CareNet system and the Access Center will process the request. Be sure to complete the SUD Self Pay policy and all applicable Insurance Policies (SDA, WSS, Statewide, 16<sup>th</sup> District Court, and Medicaid deductible).

It is expected that programs will use the month of October to complete the transfer information process in Focus so that services provided during October can be billed in November. If your agency needs additional time for processing, please email Kathleen Parzynski at [Kathleen.parzynski@mccmh.net](mailto:Kathleen.parzynski@mccmh.net) and indicate your expected billing date.

### Sliding Fee and Co-pay Changes

MCOSA provided your agency with the FY 2015 MCOSA Sliding Fee Scale with your Contract Extension letter earlier this month. The new sliding fee scale will be programmed in the Focus "SUD Self Pay Policy" form and calculate the appropriate co-pay information for block grant/PA2 funded clients. Please be aware that the sliding fee scale has significantly changed for FY 2015. Therefore, the MCOSA Fee Agreement will need to be updated in October to reflect the change in co-pay amounts for all effected clients. For example, clients previously with a \$5 copay will likely qualify for a \$2 copay effective October 1, 2014. Residential and detoxification services will no longer have copay for these services in the new fiscal year and Fee Agreement forms will need to be updated with clients to reflect this change.

### Determining Eligible Funding Sources

Providers will still be required to look for client eligibility for Medicaid, Healthy Michigan and MIChild. This can be completed in the Focus system through the "Eligibility/Insurance Information" links found in several places in Focus (home page, within Insurance Policy pages and in the header link of the client record – see the Focus training materials for more information). After completing a Focus search for this information, the system will automatically apply Medicaid/HMP/MIChild to all qualified services for payment. All other eligible funding types available to a client must be identified by the provider in the Focus "Funding Sources/Insurance Policies" link. Providers are to complete all the applicable payor types for the services being provided (Statewide, SDA, WSS, 16<sup>th</sup> Circuit Drug Court, and Medicaid Deductible). Focus will automatically assign the payor order for you based on the policies you selected.

### Release of Information For Access Center

Providers will need to obtain written consent from clients continuing in services after October 1, 2014 and for all new clients, to allow sharing of information with Access Center. Providers should utilize the revised AMS release or the revised Multi-party release (if client is also receiving services from other agencies, i.e., recovery coaching, recovery home services, etc.). Release should be scanned into Focus when requesting authorization/reauthorizations or requesting Access to open a record to their agency in Focus or faxed to the Access Center. See the Focus training materials for details on how to send Focus 'System Messages' as needed.

We appreciate your assistance and patience as we make this transition within our system to further integrate substance use disorder and mental health services within our PIHP. If you have questions regarding these changes, please contact us. Thank you for your support.