

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## **ADMINISTRATIVE PROCEDURE**

**NUMBER: DA1084**

**NAME: COFR (COUNTY OF FINANCIAL RESPONSIBILITY) AND OUT-OF-STATE GUIDELINES**

INITIAL APPROVAL DATE:	03/08/2017	BY: Administrative Committee
(LAST) REVISION DATE:	04/21/2025	BY: CPO
(LAST) REVIEW DATE:	05/15/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

### **I. PURPOSE**

To outline the process for accessing services to qualifying individuals who may or may not reside in Sanilac County, Michigan.

### **II. APPLICATION**

Populations: All  
Programs: Direct - All  
Contracted - All

### **III. PROCEDURE**

Contract Management will serve as the case monitor for all COFR's (County of Financial Responsibility). This will include individuals that have legal residence outside of the State of Michigan that qualify for services at Sanilac CMH. An Authorization package will be developed and updated by the COO and CIO as needed to assist Contract Management in the initial and ongoing authorization processes.

### **IV. DEFINITIONS**

**County of Financial Responsibility (COFR):** This is defined as the county that is financially responsible for any resident of their county. An individual's county of residence is the county in which the individual (or their 'parent', if a minor) has maintained his/her primary place of residence at the time he/she entered into a dependent living setting, boarding school, or facility (Michigan's Mental Health Code, 2001, p.53-54). This will also include those individuals whose primary legal residence is outside of the State of Michigan. (SAMHSA CCBHC Mandate)

**COFR for Foster Care Youth:** Community Placements- (foster homes, AFC, independent living placements)- COFR is the county the child is residing in. CCI placements-(CCIs, shelters, state hospitals) COFR is the county where the child welfare case originated from.

**POC-** Referenced as Point of Contact.

**LOA-** Referenced as Letter of Agreement.

## V. **STANDARDS**

### **A. When Sanilac CMH is the COFR and another county CMH or private entity is providing the treatment service:**

#### **Initial Process:**

##### New individual

- 1) Caseholder receives approval from COO to place individual out of county. NOTE: If specialized placement is requested, this must be approved by the COO (via Procedure DA1087) and Contract Management must be notified to begin the normal contracting process.
- 2) COFR Point of Contact (POC) reaches out to the county the individual will be residing in to determine if they accept new individuals as well as identify referral processes, obtain rates, and LOA process.
- 3) Upon receipt of the initial Biopsychosocial and Individual Plan of Service, COFR POC staff will submit documents and authorization request to the clinician/caseholder of record for Sanilac CMH for review and approval of services requested.
- 4) COFR Support Staff will enter authorizations for the individual in compliance with the Region 10 UM grid. If the county or agency providing services requests authorization over the Sanilac CMH grid, supporting documentation must be provided and reviewed by the COO.
- 5) COFR support staff will send the CCBHC letter, LOA, and rates to the county providing services and will update internal tracking accordingly.

**Established individual** (NOTE: If specialized placement is requested, this must be approved by the COO (Procedure DA1087). Contract Management and COFR POC must be notified to the begin normal contracting process.

- 1) The COFR POC will contact the proposed serving county or organization to ensure they will serve the individual. If the proposed servicing agency for clinical services is not the local CMH, but a private provider, authorization to engage in contract services must have prior approval of the COO.
- 2) Having been notified of the pending move and contact information for the provider, the COFR support staff will proceed as outlined in steps 3, 4 and 5 above.

#### **Ongoing Process:**

- 1) It is the responsibility of the primary caseholder to monitor the care of their individuals.
- 2) Every six months, the COFR support staff will obtain clinical documentation from the servicing county or organization. This documentation is limited to the individual's Biopsychosocial, Individual Plan of Service, Periodic Reviews, and any assessments/evaluations required to justify specialty services, such as OT/PT. These documents and the request for authorizations will be submitted to the Sanilac CMH primary caseholder for review and approval.
- 3) COFR support staff will enter the authorizations that are in compliance with the Region 10 clinical grid.
- 4) For any services requested beyond the Sanilac CMH COFR Grid, the COO must be consulted and will make the final determination.

- 5) For any services denied, the caseholder will issue an Adverse or Advanced Benefit Determination and send this to the guardian/individual as applicable.
- 6) The COFR support staff will send all clinical documents received for scanning into the EMR.
- 7) If any staff member notices that an out of county individual's authorizations have been exceeded or will be depleted prior to authorization expiration, the COFR support staff should be notified immediately.

**B. When Sanilac CMH is the county providing services for another COFR:**

**Initial Process:**

- 1) The COFR CMH requesting services calls the Region 10 Access Center.
- 2) Sanilac assigning staff notifies COFR POC to provide update of scheduled intake.
- 3) Sanilac CMH will commit to pursuing all third-party revenue throughout the treatment process with any COFR or non-Michigan individual served and will not restrict or prohibit services based on payment.
- 4) The COFR POC will consult with the Clinical Supervisor/COO to determine if Sanilac CMH will accept the case.
- 5) Upon acceptance, the COFR POC communicates with corresponding county on process to contact Access Center.
- 6) After completion of the Individual Plan of Service, the Clinician sends ALL clinical eligibility assessments and the IPOS with a request for authorization approval from the COFR county.
- 7) After review of plans and auths, the COFR support staff sends all clinical documentation to the COFR organization along with the CCBHC letter, LOA, rates, and will update COFR tracking accordingly.

**Ongoing Process:**

- 1) Monthly, the COFR POC and support staff will monitor upcoming due dates and request updated reports and auths.
  - a. Should the caseholder add new services to the individual's plan later, these services must be approved by the COFR County prior to the initiation of services, unless they are of urgent need.
- 2) If any staff member notices that a COFR individual's authorizations have been exceeded or will be depleted prior to authorization expiration, the COFR POC should be notified immediately.
- 3) The COFR support staff will consult with the COO as appropriate.
- 4) COFR Support Staff shall run a monthly report to ensure that Medicaid coverage is continuous and uninterrupted. Any lapse in coverage shall be reported to the primary caseholder, Clinical Supervisor, COO, COFR support staff and COFR County. The COFR County shall make a determination regarding continuation, discontinuation or change in service level during lapse.

VI. **ATTACHMENTS**

VII. **REFERENCES**

DA1087 – Residential Placement Procedure  
DC1008 – Referrals and/or Transfers of Care