

February 26, 2019

Fred Cummins
fred.a.cummins@gmail.com (preferred communication)

RE: Granting your Request in Full

Dear Mr. Fred Cummins:

Please be advised that on the 25th day of February 2019, you submitted a FOIA request for the following public record(s):

1. **Regarding Dartmouth Fidelity Scale, "Does OCHN comply with full implementation"?**
2. **For OCHN what are the criteria for client admission and continuation?**
3. **What is required staffing?**
4. **How many clients are served by the team?**

Your request has been granted in its entirety. Please find the requested five (5) documents enclosed. There will be no charge for fulfilling this request. Statements have been provided from the OCHN Clinical director to assist in this FOIA request.

1. **Regarding Dartmouth Fidelity Scale, "Does OCHN comply with full implementation"?**

OCHN is not contractually obligated to "comply with full implementation" or conduct reviews of Assertive Community Treatment (ACT) services using the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS).

Please see attachment: *The DACTS was promulgated by the Michigan Department of Health and Human Services (MDHHS) as a support for ACT fidelity in the "Field Guide to Assertive Community Treatment" (attached) published in 2010. OCHN values and supports fidelity to all Evidence Based Practices (EBP). To support providers OCHN developed dashboards which are available to provider agencies which provide ACT services to monitor their fidelity to the ACT model based on the DACTS.*

2. **For OCHN what are the criteria for client admission and continuation?**

OCHN uses the person-centered planning process and medical necessity to determine the amount, scope, and duration of services provided to people. Generally, someone for whom ACT would be a medically necessary and appropriate service would meet the following criteria:

Michigan Medicaid Provider Manual (MPM) ACT criteria:

Please see the attachment: *ACT excerpt from the 1/1/19 version of the MPM, specifically section 4.4 "Eligibility Criteria".*

Level of Care Utilization System (LOCUS) criteria:

LOCUS is a functional assessment mandated by MDHHS. The LOCUS synthesizes assessment information collected from the individual served, their family, and other supports to recommend level of care or service types. According to LOCUS, someone may be appropriate for ACT if their composite score is between 20-22.

Please note that OCHN and its provider network values the individuality of each person and has built in an exception process called "Specialist Review" whereby anyone can request any service outside service arrays.

Please see the attachment: *"Authorization Request Process (Specialist Review)", "Introduction to UM Authorization Decision Guidelines", and "Authorization Decision Guidelines, ACT" protocols for in-depth explanations of this process*

3. **What is required staffing?**

OCHN requires all providers contracted to provide ACT services to abide by the latest edition of the Michigan Medicaid Provider Manual.

Please see attachment: *ACT excerpt from the 1/1/19 version of the MPM, specifically, section 4.3 "Essential Elements" sections "Team Composition and Size" and "Staff to Beneficiary Ratio"*

4. **How many clients are served by the team?**

The number of people served by any one ACT team varies. This is dependent on the size of the team.

Please see attachment: *As noted in the MPM ACT chapter, section 4.3 "Essential Elements", "Staff to Beneficiary Ratio" section, "The staff to beneficiary ratio shall be no less than 1:10, i.e. a maximum of 10 beneficiaries to each ACT staff. With the exceptions of the limitations on paraprofessionals and peer support specialists described above, the ratio includes all ACT team members, excluding the clerical support staff and physicians or nurse practitioners". Since ACT team size can vary from 3 to 9+ staff, OCHN requires all agencies contracted to provide ACT services serve people within the MPM guidelines.*

42 U.S. Title 42> Chapter 7> Subchapter XI> Part C> Code 1320d-6-

Wrongful disclosure of individually identifiable health information

(a) OFFENSE A person who knowingly and in violation of this part—

- (1) uses or causes to be used a unique health identifier;
- (2) obtains individually identifiable health information relating to an individual; or
- (3) discloses individually identifiable health information to another person,

shall be punished as provided in subsection (b). For purposes of the previous sentence, a person (including an employee or other individual) shall be considered to have obtained or disclosed individually identifiable health information in violation of this part if the information is maintained by a covered entity (as defined in the HIPAA privacy regulation described in section 1320d-9(b)(3) of this title) and the individual obtained or disclosed such information without authorization.

(b) PENALTIES A person described in subsection (a) shall—

- (1) be fined not more than \$50,000, imprisoned not more than 1 year, or both;
- (2) if the offense is committed under false pretenses, be fined not more than \$100,000, imprisoned not more than 5 years, or both; and
- (3) if the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, be fined not more than \$250,000, imprisoned not more than 10 years, or both.

Sincerely,



Benita Brown

FOIA Coordinator Designee