

POLICIES AND PROCEDURE MANUAL

Chapter:	Population Health		
Title:	CCBHC UM Retrospective Review Procedure		
Policy: <input type="checkbox"/>	Review Cycle:	Adopted Date: 05.13.2025	Related Policies:
Procedure: <input checked="" type="checkbox"/> Page: 1 of 2	Author: Chief Population Health Officer	Review Date:	

Purpose

The purpose of this procedure is to outline the process that will be used by Mid-State Health Network (MSHN) to conduct retrospective utilization management (UM) reviews for Certified Community Behavioral Health Center (CCBHC) services. This process is developed to fulfill Pre-paid Inpatient Health Plan (PIHP) requirements as identified in Section 2.B.1. of the Michigan Department of Health and Human Services (MDHHS) [CCBHC Demonstration Handbook](#).

Procedure

1. **Requirements** - PIHP utilization management of CCBHC services is limited to retrospective review of approved/rendered services to confirm that the care was medically necessary. PIHPs cannot delegate retrospective reviews for CCBHC services to a CCBHC or CMHSP. The retrospective UM review process is intended to be collaborative and an opportunity for MSHN to provide consultative feedback to CCBHCs.
2. **Frequency** – MSHN will perform twice yearly retrospective UM reviews of CCBHC services. MSHN will strive to align the CCBHC retrospective review dates with the Medicaid Event Verification (MEV) review dates whenever possible so that both reviews occur simultaneously.
3. **Case Selection Methodology**– At least thirty (30) days prior to the scheduled bi-annual review, MSHN will pull a report of CCBHC encounters (T1040) with dates of service that occurred during the previous six (6) month period.

MSHN will select a random sample of cases which received at least one (1) CCBHC encounter (T1040) during the identified timeframe for review. The number of sample cases selected for each CCBHC site will be based on the total number of individuals served by the CCBHC during the timeframe for review as follows:

Number of Individuals Served	Number of Sample Cases
Less than 1,000	3
1,001 – 3,000	4
3,001 – 5,000	5
5,001 – 7,000	6
7,001 – 8,000	7
Greater than 8,001	8

4. **Scope of Review** – Retrospective UM reviews will focus on appropriate application of medical necessity criteria to authorization decisions for CCBHC services. Additionally, retrospective reviews

will evaluate if CCBHC services are being delivered in sufficient amount, scope, and duration as authorized in the Individual Plan of Service (IPOS).

MSHN Integrated Health staff will review the following documents and information when a case is selected for retrospective UM review:

- a. Individual Plan of Service (IPOS) - also referred to as Person-Centered Plan or PCP.
 - b. Submitted service encounters (T1040) and corresponding progress notes for dates of service that occurred during the timeframe for review.
 - c. Notice of Adverse Benefit Determination (NABD) for any CCBHC service authorization decisions during the timeframe for review that resulted in denial or a decision to authorize service(s) in an amount, duration or scope that was less than requested. The reason this is included in the scope of review is to ensure the appropriate application of medical necessity criteria to authorization decisions that result in denial. NABDs that were issued for reasons other than service authorization decisions will not be included in this review.
 - d. Other clinical documentation as needed to confirm medical necessity for authorized CCBHC services. Other documentation may include but is not limited to: screening/assessment tools, IPOS reviews and addendums, non-billable contact notes, physician orders, and case consultation notes.
5. Access to CCBHC Electronic Medical Record (EMR) - Each CCBHC will provide MSHN Integrated Health Staff with auditor login credentials to the CCBHC's Electronic Medical Record (EMR) system. MSHN Integrated Health Staff will log in to the CCBHC EMR to review the necessary clinical documentation when performing CCBHC retrospective UM reviews. This is intended to reduce administrative burden for CCBHC staff by not requiring them to manually compile and submit clinical documentation to MSHN to support the review process.

Alternatively, if a CCBHC is unable or unwilling to provide auditor login credentials to its EMR, MSHN will provide access to a secure file sharing platform (Box) for the CCBHC to upload clinical documentation to support the review process.

6. Review Summary - MSHN will provide each CCBHC with a summary of all cases reviewed and any recommendations, if applicable. Recommendations will focus on application of medical necessity criteria to authorization decisions for CCBHC services and delivery of appropriate amount, scope, and duration of CCBHC services as identified in the IPOS. CCBHCs are not required to submit corrective action plans to MSHN in response to retrospective UM reviews, however during subsequent retrospective UM reviews MSHN will check for evidence that previous recommendations have been addressed and incorporated.

Applies to:

- ☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
☒ Other: Sub-contract Providers

Definitions:

CCBHC: Certified Community Behavioral Health Center; CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. This includes developmentally appropriate care for children and youth.

CMHSP: Community Mental Health Service Program

EMR: Electronic Medical Record

IPOS: Individual Plan of Service

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

NABD: Notice of Adverse Benefit Determination

PCP: Person Centered Plan

PIHP: Pre-paid Inpatient Health Plan

UM: Utilization Management

References/Legal Authority:

[CCBHC_Demonstration_Handbook.pdf, Section 2.B.1](#)

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
12.01.24	New Procedure	Chief Population Health Officer