MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Utilization Management**		
Title:	**Access System**		
Policy: ☒ **Procedure:** ☐ **Version:** 5.0 **Page:** 1 of 9	**Review Cycle:** Annually **Author:** UM Director UM Committee	**Adopted Date: 11.22.2013** **Review Date:** 01.09.2018 **Revision Eff. Date:** 11.2015	**Related Policies:** Service Philosophy Utilization Management

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Purpose

MSHN shall ensure regional access to public behavioral health services in accordance with the Michigan Department of Health & Human Service (MDHHS) contracts, relevant Medicaid Provider Manual, Mental Health Code and regional adopted access and authorization criteria. MSHN shall maintain criteria for determining medical necessity, information sources and processes that are used to review and approve provision of services.

Policy

MSHN's provider network administers a welcoming, responsive, access system 24 hours a day, 7 days a week, 365 days a year for all individuals who reside in the MSHN region. Residents of the region may contact any CMHSP seeking information, services, and/or support systems for behavioral health care needs including:

- Intellectual/ Developmental Disabilities,
- Mental Illnesses,
- Serious Emotional Disturbance
- Substance Use Disorders, and/or
- Co-occurring Disorders

Access System Management:

MSHN shall create, implement and maintain access system standards that are uniform throughout the region. The MSHN provider network shall develop written policies, procedures and plans demonstrating the capability of its access system to comply with those standards.

- MSHN will ensure that screening/outcomes tools and admission criteria are based on eligibility criteria established in contract and regulations are reliably and uniformly administered. The MSHN UM Plan is designed to integrate system review components that include PIHP contract requirements and CMHSPs' roles and responsibilities concerning UM/quality assurance/improvement issues.
- CMHSP Participants within the MSHN region will manage all requests with prompt, consistent screening and assessment for Medicaid eligible adults and children requesting service.
- MSHN has delegated its access system to CMHSP Participants. Each CMHSP Participant shall adopt access policies and procedures that assure compliance with MSHN's policy and provide for efficient and effective access practices.

- MSHN and the CMHSP Participants shall determine the individual's eligibility for Medicaid specialty services and supports, Healthy Michigan Plan, Substance Abuse Block Grant (SABG) or, for those who do not have any of these benefits as a person whose presenting needs for behavioral health services make them a priority to be served.
- The access system shall operate or arrange for an access line that is available 24 hours per day, seven days per week; including in-person and by-telephone access for hearing impaired individuals.
- CMHSP Participants are responsible to ensure appropriate treatment, supports, and services to Medicaid beneficiaries through the use of a review/authorization process. The system also provides crisis screening and authorization for high urgent/emergent services (inpatient, crisis residential, and crisis stabilization).
- Beneficiaries with special health care needs must have direct access to a specialist, as appropriate for the individual's health care condition, as specified in 42 CFR 438.208(c)(4). This standard does not apply to SUD Community Grant services.
- MSHN shall assure, through delegation monitoring reviews, that any decision to deny a service authorization request or to authorize a service in an amount, duration or scope that is less than requested, is made by a health care professional who has appropriate clinical licensure and expertise in treating the beneficiary's condition.
- The access system shall provide information regarding confidentiality (42 CFR) and recipient rights of substance use disorder clients to all individuals requesting services.
- Should a Medicaid beneficiary not meet criteria for the priority population and/or requested service, referring the responsible CMHSP Participant shall provide timely written notice to the individual of the adverse action. Written notice shall include the reason for the action and the beneficiary's options for appealing the action. CMHSP Participant referring subcontractors shall be notified of the authorization disposition at the time of the denial.
- When a clinical screening is conducted, the access system shall provide a written (hard copy or electronic) screening decision of the person's eligibility based upon established admission criteria. The written decision shall include:
    - Presenting problems and needs for services and supports,
    - Initial identification of the population group that qualifies the person for services and supports,
    - Legal eligibility and priority criteria (where applicable),
    - Urgent and emergent needs including how linked for crisis services,
    - Screening deposition, and
    - Rationale for admission or denial.
- No individual meeting eligibility and medical necessity criteria for specialty mental health services shall be denied service solely because of individual/family income or third-party payer sources.
- Individuals with behavioral health needs but who are not eligible for Medicaid or Healthy Michigan may be referred to other community services or placed on a waiting list with a written explanation related to the individual's service needs, consistent with MDHHS Waiting List guidelines.
- MSHN is responsible for maintaining an SABG waiting list by contacting clients who are placed on it every 30 days to check their status/well-being and continued interest in services until they are linked with the appropriate level of care. Attempts and contacts shall be documented to ensure that the list is properly maintained. Those clients who are not able to be contacted, or who do not respond after 90 days, may be removed.
    - SABG priority population clients placed on a waiting list are required to be offered interim services. Interim services must minimally include:
        a. Counseling and education about the human immunodeficiency virus (HIV) and tuberculosis (TB).
        b. The risks of needle sharing.

c. The risks of transmission to sexual partners, infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
d. HIV or TB treatment service referrals.
e. Counseling on the effects of alcohol and drug use on a fetus and referral for prenatal care are required for pregnant women.

- MSHN CMHSP Participants shall assure that an individual who has been discharged back into the community from outpatient services, and is requesting entrance back into the CMHSP or provider, within one year, will not have to go through a duplicative screening process.

Eligibility Determination:
MSHN's provider network shall serve individuals with serious mental illness, serious emotional disturbance, substance use disorders, and intellectual/developmental disabilities, giving priority to persons with the most serious forms of illness and those in urgent and emergent situations. Once the needs of these individuals have been addressed, MDHHS expects that individuals with other diagnoses of mental disorders with a diagnosis found in the most recent Diagnostic and Statistical Manual of Mental Health Disorders (DSM), will be served based upon agency priorities and within the funding available.

The determination of eligibility will be based upon the target populations as provided in the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract. This includes persons who may be eligible for the Habilitation Supports Waiver (HSW) and/or the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit that further delineates eligibility for autism services (also referred to as the expanded Autism Benefit). The HSW and EPSDT policies are referenced in the subsequent References/Legal Authority Section.

Mental Illness:
- The beneficiary is currently or has recently been (within the last 12 months) seriously mentally ill as indicated by diagnosis, intensity of current signs and symptoms, and substantial impairment in ability to perform daily living activities.
- The beneficiary does not have a current or recent (within the last 12 months) serious condition but was formerly seriously impaired in the past. Clinically significant residual symptoms and impairments exist, and the beneficiary requires specialized services and supports to address residual symptomatology and/or functional impairments, promote recovery and/or prevent relapse.
- The beneficiary has been treated by the health plan for mild/moderate symptomatology and temporary or limited functional impairments and has exhausted the 20-visit maximum for the calendar year.

Serious Emotional Disturbance:
- A minor that possesses a diagnosable mental, behavioral, or emotional disorder that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association.
- Functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities.
- The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:
  (a) A substance abuse disorder.
  (b) A developmental disorder.
  (c) "V" codes in the diagnostic and statistical manual of mental disorders.

Intellectual/Developmental Disability: If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:

- Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
- Is manifested before the individual is 22 years old.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in three (3) or more of the following areas of major life activity: Self-care, Receptive and Expressive language, Learning, Mobility, Self-direction, Capacity for Independent Living, Economic Self-sufficiency.
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Substance Use Disorder:

- Determination of medical necessity.
- A diagnosis of one or more substance use disorders found in the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Determination of the initial level of care (LOC) based on the most current edition of the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC), including:
    1. Dimension 1 – Alcohol Intoxication and/or Withdrawal Potential.
    2. Dimension 2 – Biomedical Conditions and Complications.
    3. Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications.
    4. Dimension 4 – Readiness to Change.
    5. Dimension 5 – Relapse, Continued Use or Continued Problem Potential.
    6. Dimension 6 – Recovery Environment.
- Determination of priority population status-priority population client must be admitted to services as follows:

Population	**Admission Requirement**	**Interim Service Requirement**
Pregnant Injecting Drug User	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	*Begin within 48 hours:* 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. d) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Pregnant Substance Use Disorders	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	*Begin within 48 hours:* 1. Counseling and education on: a) HIV and TB. b) Risks of transmission to sexual partners and infants. c) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.

Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	*Begin within 48 hours – maximum waiting time 120 days:* 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. 2. Early intervention clinical services.
Parent At-Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	*Begin within 48 business hours:* Early intervention clinical services.
All Others	Screened and referred within seven calendar days. Capacity to offer admission within 14 days.	Not required.

The MSHN region will operate within a common definition of medical necessity for service entry, which must be consistently applied region-wide according to the Medicaid Provider Manual. The eligibility/coverage determination decision shall be the result of integrating eligibility criteria and clinical needs with current insurance benefits.

Eligibility determinations occur at initial entry into an episode of care, and on an ongoing basis during an episode of care. Initial eligibility is determined through the Access screening process that occurs as the individual/family requests services to determine the likelihood of a mental illness, serious emotional disturbance, substance use disorder, or intellectual/developmental disability. The screening process shall be used to determine the coverage eligibility that qualifies individuals for services and authorizes their initial entry into the publicly funded mental health system for a clinical assessment. Ongoing eligibility is determined by provider clinical reviews and/or UM continued stay reviews. Ongoing eligibility reviews shall be used to ensure that the individual continues to qualify for ongoing services. Components that go into eligibility decisions include, but are not limited to:

- Data from the practitioner's comprehensive clinical interview and complete mental status examination
- Past clinical history (medical and psychiatric, including response to medication)
- Assessment of the current support system available to the patient including resources, individual's strengths and resources, financial, housing, government programs, community treatment facilities, etc. that are available
- Family history
- Current medical status
- Comprehensive risk assessment, including consideration of relevant demographic factors (age, ethnicity), comorbid substance use, medical conditions and support system, among other factors

Regarding eligibility for SUD services, MSHN may not limit access to the programs and services funded only to the residents of the MSHN's region, because the funds provided by MDHHS come from federal and statewide resources. Members of federal and state-identified priority populations must be given access to screening and to assessment and treatment services, consistent with the requirements, regardless of their residency. However, for non-priority populations, MSHN may give its residents priority in obtaining services when the actual demand for services by residents eligible for services exceeds the capacity of the agencies.

MSHN is committed to culturally competent service delivery acknowledging enrollee rights and responsibilities as established in Federal and State law. To ensure and monitor consumer rights, each Medicaid Service Provider will maintain an Office of Recipient Rights that is in substantial compliance with the requirements of Chapter 7 of the Michigan Mental Health Code.

Medical Necessity Determination:
The following medical necessity criteria apply to the MSHN Medicaid behavioral health and substance use disorder supports and services.

- Necessary for screening and assessing the presence of a mental illness, serious emotional disturbance, intellectual/developmental disability, or substance use disorder and/or
- Required to identify and evaluate a mental illness, serious emotional disturbance, intellectual/developmental disability, or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, serious emotional disturbance, intellectual/developmental disability, or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, serious emotional disturbance, intellectual/developmental disability, or substance use disorder and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

The determination of a medically necessary support, service or treatment must be:
- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary; and
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary; and
- For beneficiaries with mental illness or intellectual/developmental disabilities, based on person-centered planning, and for beneficiaries with substance disorders, individualized treatment planning that directs the provision of supports and services to be provided; and
- Made by appropriately licensed and trained mental health, intellectual/developmental disabilities, or substance abuse professionals with sufficient clinical experience; and
- Made within federal and state standards for timeliness; and
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose;
- Based on documented evidenced-based criteria for determination of scope, duration and intensity; and
- Documented in the individual plan of service.

Supports, Services and Treatment Authorized by the PIHP (through the CMHSP Participant) must be:
- Delivered in accordance with federal and state standards for timeliness in a location that is accessible to the beneficiary; and
- Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner; and
- Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations; and
- Provided in the least restrictive, most integrated setting. inpatient, licensed residential or other segregated settings shall be used only when less restrictive levels of treatment, service or support have been, for that beneficiary, unsuccessful or cannot be safely provided; and\
- Delivered consistent with, where they exist, available research findings, health care practice guidelines, best practices and standards of practice issued by professionally recognized organizations or government agencies.

Using criteria for medical necessity, a PIHP (through its Provider Network) may deny services that are:

- Deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
- Experimental or investigational in nature;
- For which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services; and/or
- Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

The MSHN provider network may not deny services based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

MSHN assures that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

Level of Care Determination:

MSHN ensures there are sufficient and appropriate processes in place at each Network Provider for level of care determination and consistent application of eligibility criteria. Screening tools and admission criteria shall be valid, reliable and uniformly administered. The functional assessment and the Person-Centered Planning (PCP) process together should be used as a basis for identifying goals, risks, and needs; authorizing services, utilization management and review. No assessment scale or tool shall be utilized to set a dollar figure or budget that limits the person-centered planning process. Level of care criteria shall be sufficient to address the severity of illness and define the intensity of service required. CMHSP Participants shall administer level of care reviews that are structured to monitor and evaluate under/over and appropriate utilization of services provided to beneficiaries while also ensuring that consistent standards are being applied. Reviews shall match medical necessity and MSHN Practice Guidelines (Medicaid Provider Manual) to provide for appropriate amount, scope and duration of services necessary to achieve treatment outcomes and consistent with approved practice guidelines.

A. Severity of Illness: the nature and severity of the signs, symptoms, functional impairments and risk potential related to the consumer's disorder.
B. Intensity of Services: the setting of care, usually corresponding to the types and frequency, duration, restrictiveness, and level of support needed to treat the consumer.

Coordination of Care with the Court System

The access system must be able to utilize the substance use disorder screening information and treatment needs provided by district court probation officer assessments when the probation officer has the appropriate credentialing through the Michigan Certification Board for Addiction Professionals (MCBAP). A release of information form must accompany the district court probation officer referral. The information provided by the probation officer should supply enough information to the access system to apply ASAM Criteria to determine LOC and referral for placement. In situations where information is not adequate, the release of information will allow the access system to contact the district court probation officer to obtain other needed information. The access system must be able to authorize these services based on medical necessity, so PIHP funds can be used to pay for treatment.

Measurement of Outcomes:

The MSHN UM model places less emphasis or attention to the specific number, type and duration of services and units delivered; rather, MSHN focuses on the outcome/effectiveness of those services. Outcomes shall be standardized and measurable, where feasible. The MSHN UM model follows use of all contractually

mandated outcomes instruments, including the Child and Adolescent Functional Assessment Scale (CAFAS), the Level of Care Utilization System (LOCUS), and the Supports Intensity Scale (SIS). Measurement of outcomes must be consistently assessed and monitored and known intervals and applied across all services and service populations. Specific outcome measures include:

- Clinical stability
- Effectiveness in addressing service needs
- Psychosocial factors
- Cost
- Satisfaction/experience with care.
- Individual, family, and community indicators of health and wellness, including benchmarks of quality-of-life changes for people in recovery.

Applies to:

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

Definitions/Acronyms:

ASAM-PPC: American Society of Addiction Medicine-Patient Placement Criteria
BH-TEDS: Behavioral Health Treatment Episode Data Set
EPSDT: Early Periodic, Screening, Diagnosis, and Treatment
CAFAS: Child and Adolescent Functional Assessment Scale
CMHSP: Community Mental Health Service Program (inclusive of substance Use Service Provision, coordination and administrative oversight)
Contractual Provider: refers to an individual or organization under contract with MSHN Pre-Paid Inpatient Health Plan (PIHP) to provide administrative type services including CMHSP Participants who hold retained functions contracts
DLA-20: Daily Living Activities Scale
Employee: refers to an individual who is employed by the MSHN PIHP
LOCUS: Level of Care Utilization System
MDHHS: Michigan Department of Health & Human Services
MSHN: Mid-State Health Network
PCP: Person-Centered Plan
PIHP: Prepaid Inpatient Health Plan
Subcontractors: refers to an individual or organization that is directly under contract with CMHSP and/or MSHN to provide behavioral health services and/or supports
Provider Network: refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements
SED: Serious Emotional Disturbance
SIS: Supports Intensity Scale
Staff: refers to an individual directly employed and/or contracted with a CMHSP Participant or SUD providers
SUD: Substance Use Disorder
UMC: Utilization Management Committee

References/Legal Authority:

1. Access System Standards: MDHHS, revised: September 2015 (Contract Attachment P.4.1.1)
2. Customer Service System Standards: MDHHS, 2/27/07
3. Early Periodic, Screening, Diagnosis, and Treatment Policy: MSHN

4. Habilitation Supports Waiver Policy: MSHN
5. 42CFR 438.206: Access Standards
6. 42 CFR 438.208(c)(4)
7. 42CFR 438.210: Enrollee Rights
8. Michigan Mental Health Code 330.1124: Waiting Lists for Admission
9. Michigan Mental Health Code 330.1208: Individuals to Whom Service is Directed
10. MDHHS Medicaid Provider Manual, Mental Health/ Substance Abuse chapter
11. MDHHS Bureau of Substance Abuse and Addiction Services, Treatment Policy #07
12. MDHHS Person-Centered Policy, revised June 5, 2017

Other References:
N/A

Change Log:

Date of Change	Description of Change	Responsible Party
11.22.2013	New Policy	UMC
09.2014	Annual Review and update of definitions and acronyms	MSHN CEO
06.2015/07.2015	Update to integrate with UMP	UMC and MSHN CEO
07.23.2015	Clarify clinical eligibility for SUD, clarify FY15 contract provisions.	UMC
04.26.2016	Differentiated SED from MI, 2015 MDHHS Access Policy, and added assessment tools and reference to HSW and EPSDT policies.	UMC
10.27.2016	Updated the policy to reflect Access Management System changes in FY17 MDHHS/PIHP contract.	UMC
10.26.2017	Updated policy to reflect the PCP policy language around assessment tools and PCP process for authorizing services	UMC