Chapter Title	Chapter #		Subject #
Clinical	C		310.1
Subject Title **Medical Necessity**	Adopted 03/15/05	Last Revised 5/29/19	Reviewed 06/06/06; 4/5/10; 12/31/13; 6/23/15 9/9/15; 10/10/16; 5/29/19

PROCEDURE

Application

This procedure shall apply to the clinical supports and services of The Right Door for Hope, Recovery and Wellness.

1.0 Medical Necessity

The following medical necessity criteria apply to the delivery of The Right Door for Hope, Recovery and Wellness behavioral health supports and services.

1.1 Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder, and/or

1.2 Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or

1.3 Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or

1.4 Expected to arrest or delay the progression of a mental illness, developmental disability or substance use disorder; and/or

1.5 Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve their goals of community inclusion and participation, independence, recovery, or productivity.

2.0 Determination of Medical Necessity

2.1 The determination of a medically necessary support, service or treatment must be:

2.1.1 Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/

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aides) who know the beneficiary; and

2.1.2 Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary; and

2.1.3 For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance disorders, individualized treatment planning; and

2.1.4 Made by appropriately licensed and trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience; and

2.1.5 Made within federal and state standards for timeliness; and

2.1.6 Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose;

2.1.7 Based on documented evidenced-based criteria for determination of scope, duration and intensity; and

2.1.8 Documented in the individual plan of service.

2.2 In considering the appropriateness of any level of care for Substance Use Disorders, the four basic elements of Medical Necessity should be met:

2.2.1 Client is experiencing a Substance Use Disorder reflected in a primary, validated, DSM5 or ICD-10 Diagnosis (not including V Codes) that is identified as eligible for services in the MSHN Provider Contract.

2.2.2 A reasonable expectation that the client's presenting symptoms, condition, or level of functioning will improve through treatment.

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2.2.3 The treatment is safe and effective according to nationally accepted standard clinical evidence generally recognized by substance use disorder or mental health professionals.

2.2.4 It is the most appropriate and cost-effective level of care that can safely be provided for the client's immediate condition based on The ASAM Criteria, 3rd Edition.

3.0 Supports, Services and Treatment Authorized by The Right Door for Hope, Recovery and Wellness must be:

3.1 Delivered in accordance with federal and state standards for timeliness in a location that is accessible to the beneficiary; and

3.2 Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner; and

3.3 Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations; and

3.4 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

3.5 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.

4.0 Denial of Services

4.1 Using criteria for medical necessity, The Right Door for Hope, Recovery and Wellness may deny services that are:

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4.1.1 Deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;

4.1.2 Experimental or investigational in nature;

4.1.3 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

4.1.4 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.

4.2 The Right Door for Hope, Recovery and Wellness 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.

5.0 Level of Care Determination

5.1 The Right Door for Hope, Recovery and Wellness makes level of care (LOC) determinations using the Michigan Medicaid Provider Manual criteria for services, medical necessity determination and by assessing risk factors, communication, mobility, self-care, relationships, life activities, ability to engage in treatment, psychiatric symptoms, substance use, comorbidity, environmental supports, housing and prior treatment history. The Right Door for Hope, Recovery and Wellness determines LOC through an assessment process, which may include the use of standardized tools to assist in level of care determinations, including the LOCUS, CAFAS, PECFAS, DLA-20, ASAM (for substance use disorders) and PHQ-9. However, level of care decisions are NOT based solely on these assessment tools, but only to inform level of care decisions.

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5.2 Level of care reviews are completed monthly in order 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.

- Measurement of Treatment Outcomes for monitoring of appropriate level of care:
  As outlined in The Right Door for Hope, Recovery and Wellness Utilization Management Plan, the Utilization Management model places less emphasis or attention to the specific number, type and duration of services and units delivered; rather, The Right Door for Hope, Recovery and Wellness focuses on the outcome/effectiveness of those services. Measurement of outcomes are consistently assessed and monitored at 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.

References

1. Access System Standards: MDHHS, revised: October 2011 (Contract Attachment P.3.1.1)
2. Customer Service System Standards: MDHHS, 2/27/07
3. 42CFR 438.206: Access Standards
4. 42CFR 438.210: Enrollee Rights
5. Michigan Mental Health Code 330.1124: Waiting Lists for Admission
6. Michigan Mental Health Code 330.1208: Individuals to Whom Service is Directed
7. MDHHS Medicaid Provider Manual, Mental Health/ Substance Abuse chapter

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8. MDHHS Bureau of Substance Abuse and Addiction Services, Treatment Policy #07

Kerry Possehn, Chief Executive Officer	Date		