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Subject Title **Utilization Management**	Adopted 04/12/02	Last Revised 11/29/17	Reviewed 09/05/06; 12/31/13; 3/24/15; 8/28/15; 11/29/17; 12/18/18

PROCEDURE

Application

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

1.0 Utilization Management

The Right Door for Hope, Recovery and Wellness Utilization Management (UM) functions are performed in accordance with approved PIHP policies, protocols and standards. This includes monitoring of prospective, concurrent and retrospective reviews of authorization and UM decisions, activities regarding level of need and level/amount of services.

The Right Door for Hope, Recovery and Wellness shall have mechanisms to identify and correct under/over-utilization of services; as well as procedures for conducting prospective, concurrent, and retrospective reviews. Qualified health professionals shall supervise review decisions. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to provide treatment in consultation with the primary care physician as appropriate. The Right Door for Hope, Recovery and Wellness participates in PIHP data-driven analysis of regional utilization patterns, and monitoring for over- and under-utilization across the PIHP region.

2.0 Principles

Utilization management must be based on valid data in order to produce reliable reports required to analyze patterns of utilization, determine clinical effectiveness of the service delivery model and compare cost-effectiveness and outcomes of services.

2.1 Value-based purchasing assures appropriate access, quality, and the efficient and economic provision of supports and services.

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2.2 The Right Door for Hope, Recovery and Wellness UM framework is not a mandate for clinical decision-making, but instead aims to define and standardize criteria, factors, and outcomes for evaluation purposes.

2.3 The Right Door for Hope, Recovery and Wellness utilization model will be consistent with MDHHS contract requirements, Balance Budget Act of 1997, and national accreditation standards.

2.4 National standards and metrics are utilized throughout the model wherever possible (standardized tools, recognized process metrics, and outcome measures).

3.0 Utilization Management Structure

The UM Committee is the primary body responsible for evaluating the utilization of The Right Door for Hope, Recovery and Wellness provider network services and making recommendations to the Chief Executive Officer (CEO). The UM Committee is responsible for reviewing aggregated and trend data related to the implementation and effectiveness of the UM plan.

- *Utilization Management Committee:* The UM Committee is comprised of the Quality Improvement Director, Program Directors, and Clinical Supervisors. It may include the CEO, finance and contract staff, and data support staff. Consultation will be available from the Medical Director.
- *Quality Improvement Council*: The Quality Improvement Council (QIC also known as "Leadership") reviews reports concerning utilization and quality improvement matters as identified by the QIC and UM Committee and makes recommendations for planning and improvement to the CEO. The QIC is comprised of the CEO, CFO, QI Director, and Program Directors.

4.0 Utilization Management Plan (UMP)

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The Right Door for Hope, Recovery and Wellness shall create, implement and maintain a local UMP that complies with applicable federal and state statutes, laws and regulations. The UMP shall adhere to regulations established by governing bodies including the Michigan Department Health & Human Services (MDHHS), Medicaid Services Administration, the Centers for Medicaid and Medicare, and relevant accrediting bodies.

4.1 The UMP shall be implemented in a manner which remains true to PIHP Service Philosophies, particularly person/family centeredness, self-determination, cultural sensitivity, trauma informed and trauma sensitivity, and responsiveness to co-occurring (dual-diagnoses) conditions.

4.2 The Right Door for Hope, Recovery and Wellness UMP will be annually reviewed and updated and will include:

4.2.1 Criteria for evaluating medical necessity and processes for reviewing and approving the provision of services.

4.2.2 Identify and rectify under-utilization as well as over-utilization of services.

4.2.3 Maintain, update and create if needed procedures for prospective (preauthorization), concurrent, and retrospective authorizations. These procedures shall ensure that:

4.2.3.1 Review decisions that deny or reduce services are supervised by qualified professionals who have appropriate clinical expertise.

4.2.3.2 Efforts are engaged to obtain all necessary information, including pertinent clinical data and consultation with the treating physician or prescriber as appropriate for decision making.

4.2.3.3 Reasons for decisions are clearly documented and

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readily available to service recipients.

4.2.3.4 Appeals mechanisms for both providers and service recipients are well-publicized and readily-available. Notification of denial decisions shall include a description of how to file an appeal, and shall be provided to both the beneficiary and the provider.

4.2.3.5 Decisions and appeals are conducted in a timely manner as required by the exigencies of the situation.

4.2.3.6 Mechanisms are implemented to evaluate the effects of the program using data related to consumer satisfaction, provider satisfaction, or other appropriate measures.

5.0 Authorization for Treatment & Support Services

5.1 Approval or denial of requested services includes the screening and authorization of psychiatric inpatient services, partial hospitalization, and initial and ongoing authorization of services for individuals receiving community mental health services. Communication with individuals regarding UM decisions, including adequate and advance notice, right to second opinion, and grievance and appeals shall be provided in accordance with the Medicaid Managed Specialty Supports and Services contract with the Michigan Department of Health and Human Services. The reasons for treatment decisions shall be clearly documented and available to Medicaid beneficiaries. Information regarding all available appeals processes and assistance through customer services is communicated to the consumer. The Right Door for Hope, Recovery and Wellness will comply with MSHN monitoring of authorization, second opinions and appeals processes to ensure compliance with PIHP, State and Federal requirements.

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5.2 Authorization of services is contingent upon the approval of the clinical supervisor or designee.

5.3 Prior authorizations for all inpatient services shall be done prior to admission. Authorizations shall only be given by Access personnel or designee. Individuals with Medicare or private pay insurances do not require authorization for admission to inpatient treatment however the involved clinical staff shall consult with designated Access personnel prior to individuals with Medicare or private pay insurance being admitted for inpatient treatment. Continuing Stay Reviews for individual admitted for inpatient treatment that have Medicaid or are indigent shall be completed by Access personnel. Aggregate inpatient admissions shall be reviewed by the Utilization Management Committee. All inpatient treatment for children (prior to their 18th birthday) shall be authorized by Access Director or designee . All State institution admissions shall be authorized by Access Director and the CEO.

5.4 All occupational therapy, physical therapy, psychological testing, nursing services, and dietary services shall be provided under the supervision of a physician.

5.5 Utilization reviews are conducted using medical necessity criteria adopted or developed specifically to guide the level of care and appropriate care planning (Medicaid Provider Manual). This may include, but is not limited to, appropriate length of stay for each level of care according to identified needs of the beneficiary in order for payment to be authorized.

5.6 Decisions regarding the type, scope, duration and intensity of services to authorize or deny must be:

5.6.1 Accurate and consistent with medical necessity criteria;

5.6.2 Consistent with Medicaid eligibility, entry, continuing stays and discharge criteria as applicable;

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5.6.3 Consistent with formal assessments of need and beneficiary desired outcomes;

5.6.4 Consistent with established guidelines (Medicaid Provider Manual);

5.6.5 Adjusted appropriately as beneficiary needs, status, and/or service requests change;

5.6.6 Timely;

5.6.7 Provided to the consumer in writing as to the specific nature of the decision and its reasons;

5.6.8 As applicable, shared with affected service providers verbally or in writing as to the specific nature of the decision and its reasons if there are any concerns with decisions made;

5.6.9 Clearly documented as to the specific nature of the services authorized or denied and the reasons for denial; and

5.6.10 Accompanied by the appropriate notice to consumers regarding their appeal rights with a copy of the notice placed in the consumer's clinical case record.

5.7 The Right Door for Hope, Recovery and Wellness shall not deny the use of a covered service based on preset **limits of units or duration; but instead reviews the continued medical** necessity on an individualized basis.

6.0 Outlier Management

Consistent with Balanced Budget Act (BBA) requirements addressed in Title 42 - Public Health, Part 438.240 (Quality Assessment and Performance Improvement

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Program), The Right Door for Hope, Recovery and Wellness will have in effect mechanisms to detect both under-utilization and over-utilization of services as defined in the UMP. The intent of the outlier management approach is to identify under-utilization or over-utilization and explore and resolve it collaboratively with involved parties.

7.0 Oversight and Monitoring

Annually, the UM Committee shall conduct a review of the UMP and its stated priorities for action to assure program effectiveness. The Right Door for Hope, Recovery and Wellness Medical Director shall be involved in the review and oversight of access system policies and clinical practices.

8.0 Additionally, The Right Door for Hope, Recovery and Wellness will meet the following standards:

8.1 Access system staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, MIChild Provider Manual, the Michigan Mental Health Code and the MDHHS/PIHP contract.

8.2 There is no conflict of interest between the coverage determination and the access to, or authorization of, services.

8.3 The Right Door for Hope, Recovery and Wellness will monitor provider capacity to accept new individuals, and have awareness of any providers not accepting referrals at any point in time.

8.4 The Right Door for Hope, Recovery and Wellness shall routinely measure telephone answering rates, call abandonment rates and timeliness of appointment and referrals at any point in time. Any performance issues shall be addressed through the MSHN and or local Quality Assurance and Process Improvement Plan.

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8.5 Assure that the access system maintains medical records in compliance with state and federal standards.

8.6 Work with individuals, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation.

References:

1. MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program: Attachment P.6.3.2.1: The Appeal and Grievance Resolution Processes Technical Requirement, July 2004.
2. MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program: Attachment P.7.1.1: Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans, Current Year
3. MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program: Attachment P.6.5.1.1: Michigan Mission-Based Performance Indicator System, Version 6.0 for PIHPs
4. MDHHS Medicaid Providers Manual, 4/1/2013 (current edition).
5. 42 CFR 438.404(c)(5)(6)

Kerry L Possehn, Chief Executive Officer	Date		