Chapter Title Clinical		Section # C	Subject # 319
Subject Title **Utilization Management**	Adopted 2/26/96	Last Revised 1/15/2020	Reviewed 5/16/05; 7/24/06; 6/30/08; 8/24/09; 10/25/10; 11/28/11; 1/28/13; 1/27/14; 1/26/15; 1/25/16; 1/23/17; 12/18/17; 12/17/18, 1/15/2020

POLICY

Application

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

1. Utilization Management

1.1. The Right Door for Hope, Recovery and Wellness maintains a Utilization Management (UM) Program with the purpose of setting procedures for evaluating medical necessity; criteria used, information sources, and the process used to review and approve the provision of medically necessary services.

1.2. The Right Door for Hope, Recovery and Wellness' UM Program shall assure that customers located in the service area have clear and identifiable access to supports and services when they are needed, and that supports and services are of high quality and delivered according to established regulations, standards, and best practice guidelines. The Right Door for Hope, Recovery and Wellness shall also perform utilization management functions sufficient to control costs and minimize risk while assuring quality care and in compliance with Section 208 of the Mental Health Code.

1.3. The Right Door for Hope, Recovery and Wellness' resources shall be used and managed in ways that reflect best practice, best value, personal and community resources of persons served, prioritized needs, applicable goals, medical necessity criteria as applicable, and service selection guidelines as put forth by the Michigan Department of Health and Human Services.

1.4. No one shall be denied access to appropriate and necessary resources because of an ability or inability to pay.

1.5. Persons served will be apprised of their rights to appeal utilization decisions.

2. Utilization Management Committee

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2.1. The Right Door for Hope, Recovery and Wellness' administration shall maintain an internal Utilization Management Committee (UMC) comprised of the CEO, CFO, QI Director, Program Directors and Clinical Supervisors. It may include the Finance and Contract staff and Data Support staff. Consultation will be available from the Medical Director.

2.2. The UMC will:

2.2.1. Develop, recommend and refine UM program policies and procedures, including medical necessity criteria.

2.2.2. Review and update the UM plan annually.

2.2.3. Implement the PIHP UM Plan locally as required by contract.

2.2.4. Report to the Quality Improvement Council (QIC) regarding UM program effectiveness.

2.2.5. Promote the establishment of mechanisms to evaluate over and under utilization of services.

2.2.6. Review information from persons served, practitioners, and providers regarding their satisfaction with the UM process. Identified sources of dissatisfaction will be addressed by Customer Service.

2.2.7. Recommend to administration changes in practice patterns to conform to standard practice regarding UM issues.

2.2.8. Review outcomes of persons served related to service provision, gaps in services, and appeals of decisions if necessary.

2.2.9. Reports on trends may be presented to the Authority Board.

References

Medicaid Provider Manual, Section 2.5 Medical Necessity Criteria
Michigan Mental Health Code, 330.1810; 330.1834; 330.1836
MDHHS/CMHSP Contract Attachment: QAPIP

Melissa McKinstry, Board Chairperson	Date		

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