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Owner:	<i>Maha Sulaiman: Director of Utilization Management</i>
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References:	<i>NCQA UM 4</i>

## Appropriate Professionals for Utilization Management Decision Making

### POLICY

It shall be the policy of the Detroit Wayne Mental Health Authority (DWMHA) that Utilization Management (UM) decisions are made by qualified health professionals. DWMHA ensures that the organization uses the appropriate licensed health care professionals to make UM decisions that require clinical judgment and that the appropriate licensed health care professionals are supervising all UM activities. DWMHA further ensures that only a physician (DO or MD) or certified addiction medicine physician can render behavioral health and/or substance use denials based on medical necessity.

Benefit determinations may need to be made on services that are not on the required authorization list. Determination of level of approval is based on knowledge level, licensure, supervision and type of decision (approval or denial). Appropriate professionals are required to review all medical necessity denials of health care services under the medical benefit plan.

### PURPOSE

1. To establish guidelines for the level and type of professionals performing and supervising Utilization Management (UM) decision making by job category; and
2. To assure that UM decisions are made by staff that have the appropriate knowledge, skill, experience and licensure to make appropriate UM decisions; and
3. UM staff are supervised by the appropriate licensed health care professionals; and
4. Adverse determinations are only made by the appropriate licensed health care professionals.

### APPLICATION

This policy applies to DWMHA staff, Access Center, Crisis Service Vendor staff, Managers of Comprehensive Provider Network staff, Integrated Care Organizations, Contractual staff, Network and Out of Network provider staff. This policy serves all populations: Adults with Severe Mental Illness (SMI), Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and Persons with Substance Use Disorders (SUD) and all funding streams and waiver programs such as MI Health Link, SUD, Autism Spectrum Disorder and Medicaid.

# KEY WORDS

1. Provider Qualifications

# STANDARDS

1. Only a licensed physician (DO or MD) or certified addiction medicine physician may review all determination requests for denials of behavioral health or substance abuse disorder (SUD) services or medication and/or pharmaceutical services that are based on medical necessity.
2. DWMHA, Access Center, Crisis Service Vendor and MCPN's will use licensed consultants for medical necessity determination for a specialized subset of enrollee/member served when needed (i.e. Child Psychologists, Child Psychiatrist, Neuropsychologists, and Certified Addiction Medicine Specialists).
3. All reviews of UM decisions will be made by appropriate UM staff including physicians, UM Reviewers, and UM Clinical Specialists within the prescribed appropriate time frame for decisions to be rendered.
4. All clinical UM staff have access for consultation to a licensed physician to discuss UM review cases.
5. All decisions by appropriate professionals will be properly documented in the case files.
6. A list of all professionals involved in the decision, including their qualifications, will be made available in the review documentation.
7. All documentation and materials reviewed related to a denial will be made available to the enrollee/ member or their authorized representative upon request.
8. The ability for requesting providers to discuss the UM decision with the appropriate professional outside the appeals process will be ensured by DWMHA, Access Center, Crisis Service Vendor and/or MCPNs. These conversations will be documented in the case file and will not be considered an appeal.
9. All medical necessity and benefit denials and appeals will be audited monthly for compliance with policies by the UM appeal coordinator and results provided to the DWMHA UM Director, delegated entities and reported to the Utilization Management Committee quarterly.
10. All professionals that provide direct care will submit to and remain in compliance with their specific Managed Care Operations "Credentialing/Re-Credentialing" policy.
11. Physicians (DO or MD) or Certified Addiction Medicine Physicians are not required to provide day-to-day oversight of UM staff.
12. The DWMHA UM Director is responsible for the day-to-day oversight of the DWMHA UM functions and oversight of all UM activities delegated to other entities.
13. Depending on the MCPN the following are responsible for the day-to-day oversight of the MCPN's UM functions:
  - a. Operations Director
  - b. Program Director
  - c. Director of Utilization Management
14. The Administrator of Crisis Services is responsible for the day-to-day oversight of Crisis Service Vendor UM functions.
15. The Clinical Services Manager is responsible for the day-to-day oversight of triage and referral decisions of the Access Center.

16. The DWMHA UM Director, Access Center Director of Clinical Services, Crisis Service Vendor Administrator of Crisis Services and MCPN's Operation Director or Program Director or Director of UM will:
  - a. Provide day-to-day supervision of assigned staff; and
  - b. Review and approve all UM policies and procedures; and
  - c. Participate in staff training and staffing decisions; and
  - d. Monitor for consistent application of UM criteria by UM staff, for each level and type of UM decision; and
  - e. Monitor documentation for accuracy and adequacy; and
  - f. Make themselves available to UM staff on site or by telephone and email.
17. UM staff that are not qualified health care professionals, and are under the supervision of appropriately licensed health professionals, are able to make UM decisions when there are explicit UM criteria present and no clinical judgment is required.
18. All DWMHA, Access Center, Crisis Service Vendor and MCPN staff and physicians who make any UM decision will be tested for consistency and accuracy of UM decision-making annually using test questions that are presented in the MCG Inter-Rater module and selected by the DWMHA UM Director or his/her designee. The UM staff must achieve a 90% or greater score to pass. Staff who fail to pass will be placed on a corrective action plan. Any UM staff member or contractor who fails to score 90% or greater after remediation and retesting will no longer be able to render any UM decisions for DWMHA, Access Center, Crisis Service Vendor and/or the MCPNs until a time when they can achieve 90% or greater and meet all conditions of the corrective action plan.
19. The organization distributes a statement to all members and to all practitioners, providers and employees who make UM decisions, affirming the following:
  - a. UM decision making is based only on appropriateness of care and service and existence of coverage.
  - b. The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or services.
  - c. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization.
20. The organization does not use incentives to encourage barriers to care and service. If the organization uses incentives, it encourages appropriate utilization and discourages under-utilization. The organization distributes its affirmative statement about incentives by mail, fax or e mail, or on its Web site, if it informs members, practitioners, providers and employees that the information is available on line. The organization mails the affirmative statement to recipients without fax, email or Internet access.
21. Statements regarding the absence of any kind of financial incentive for denials of services, or that promote under-utilization of appropriate services, will be provided to enrollee/member, all providers, practitioners and all UM employees annually. This information will be sent through both electronic and paper mediums, and will be available on DWMHA's website.
22. Physicians (all) are required to:
  - a. Have a current, unrestricted, license to practice medicine independently by the State of Michigan; and

- b. Complete an approved accredited graduate medical training program in psychiatry approved by Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (ASO); and
- c. Hold an unrestricted Controlled Substances License issued by the State of Michigan; and
- d. Have a Drug Enforcement Authority registration for controlled substances; and
- e. Be board certified if required by contractual requirements.
- f. Have a minimum of four (4) years experience in behavioral health and substance use disorders.

Note: Physicians who perform UM activities for the SED and SMI populations must have completed an approved psychiatric residency. Physicians who perform UM activities for the IDD population must have completed an approved psychiatric, internal medicine, pediatrics or family practice residency program in addition to the requirements listed above. At no time should unlicensed physicians perform UM activities.

23. Clinical Psychologists (PhD, PsyD, LP and LLP) are required to:
- a. Hold at least a Master of Psychology degree by an educational institution accredited by the American Psychological Association; and
  - b. Have an unrestricted license by the State of Michigan allowing them to practice independently; and
  - c. Have at least five (5) years of clinical experience post-graduate and post-licensure.
24. Licensed Professional Counselors are required to:
- a. Hold at least a Master's degree in Counseling by an accredited educational institution; and
  - b. Have an unrestricted license by the State of Michigan as a Licensed Professional Counselor; and
  - c. Have at least five (5) years of clinical experience post-graduate and post-licensure.
25. Substance Abuse Professionals are required to:
- a. Have a minimum of a bachelor's degree as in Social Work, Psychology, Sociology or related human services area; and
  - b. Have a minimum of three (3) years working in human services. Experience must have included: conducting screenings, intakes, and authorizations or worked in an access center, providing access authorization and overrides, utilization review Technical Assistance in new evidence-based practices; and
  - c. Have a certification in as a Certified Addiction Drug Counselor (CADC) or Certified Advanced Addiction Drug Counselor (CAADC), Qualified Mental Health Professional (QMHP) certification, or (an approved development plan) by the Michigan Certification for addiction Professional (MCBAP).
26. Addiction Medicine Specialists are required to:
- a. Have a current, unrestricted license to practice medicine independently in the State of Michigan; and
  - b. Be certified by the American Board of Addiction Medicine; or
  - c. Be a psychiatrist certified by the American Board of Psychiatry and Neurology; and
  - d. Have at least five (5) years of clinical experience post-graduate and post-licensure.
27. UM Director, Director of Clinical Services, Administrator of Crisis Services, and Clinical Services Manager is required to:
- a. Have at least ten (10) years supervised experience with adults who are seriously mentally ill or persons with a developmental disability or with children who have serious emotional disturbances or

- elderly persons with serious mental illness; and
  - b. Knowledge and experience with comorbid conditions; and
  - c. Has cultural competency training; and
  - d. Have a minimum of eight (8) years management and supervisory experience in a managed care clinical setting; and
  - e. Have at least five (5) years post master's degree administrative utilization management experience, at least three (3) of which must have been in a hospital, school or community mental health agency that provides care to mentally disturbed adults, children and adolescents; and
  - f. Have a minimum Master's degree in mental health with a Michigan licensure/certification as a Psychologist (LLP, FLP), Social Worker (CSW, ACSW), Counselor (LPC), Licensed Marriage and family therapy (LMFT) or Nurse (RN).
28. Clinical Services Manager is required to:
- a. Hold a Master's Degree in Social Work, Psychology, Counseling or Psychiatric Nursing; and
  - b. Have an unrestricted license in the State of Michigan in the area that they hold their Master's Degree; and
  - c. Have at least five (5) years of clinical experience in mental health and substance abuse post-graduate and post license; and
  - d. Have at least three (3) years experience in supervision, management and/or administration and at least three (3) years of Utilization Management experience.
29. Social Workers are required to:
- a. Hold a Master of Social Work degree by an educational institution accredited by the National Board on Social Work Education; and
  - b. Have an unrestricted license as Licensed Master's Social Worker (LMSW) by the State of Michigan allowing them to practice independently; and
  - c. Have at least five (5) years of clinical experience post-graduate and post-licensure.
30. Nurses (MSN, BSN) are required to:
- a. Hold at least a Bachelor of Nursing degree by an educational institution accredited by the American Nursing Association; and
  - b. Have an unrestricted license by the State of Michigan as a Nurse Practitioner or Registered Nurse; and
  - c. Have at least five (5) years of clinical experience post-graduate and post-licensure.
31. UM Clinical Specialists are required to:
- a. Hold at least a Bachelor of Psychology or Social Work Degree by an accredited educational institution; and
  - b. Have an unrestricted license by the State of Michigan if a Social Worker; and
  - c. Have at least five (5) years of behavioral health clinical experience post-licensure.
32. UM Reviewers and UM Appeal Coordinators are required to:
- a. Hold at least a Bachelor of Nursing degree, or Bachelor degree in Psychology or Social Work by an accredited educational institution; and

- b. Nurses and Social Workers must have an unrestricted license by the State of Michigan; and
  - c. Have at least eight (8) years of behavioral health clinical experience post-licensure and five (5) years experience in managed care is preferred or meet the criteria of a Qualified Mental Health Professional (QMHP).
33. Physicians (DO or MD) performing pre-admission reviews and/or other UM functions pertaining to authorizing services, denying services and performing appeals must be credentialed and re-credentialed. The credentialing process defined by DWMHA ensures that each practitioner, directly or indirectly or contractually engaged, meets at least MDHHS licensing, training and Crisis Service Vendor of practice, contractual and Medicaid Provider Manual requirements.
34. Individuals who do not maintain appropriate licensing, training and Crisis Service Vendor of practice shall be immediately removed from the role of a pre-admission screener and/or UM decision maker.
35. Only highly qualified clinicians (e.g. MD, DO, PhD, PsyD, PharmD, LPC, LMFT, LMSW, LLP, CAC, CAP, CAS, CADC, MSN, NP, RN, QMHP and BSN) who have demonstrated experience in the specialty areas in which they are making decisions may initiate and carry out UM review duties and other UM functions. Due to a conflict of interest, these practitioners may not provide direct services; including crisis intervention, for the persons they are screening for UM review and other UM functions. Per MDHHS requirement, the only exception to this is for members of the Assertive Community Treatment (ACT) team as they are required to complete Pre-admission Review Screenings for higher levels of care (inpatient, partial hospitalization, and crisis residential) on those individuals receiving ACT services.
36. DWMHA is required to perform pre-service, concurrent and post-service review activities for several levels of care certified by MDHHS including Acute Inpatient, Partial Hospitalization, State Hospital Services, Intensive Crisis Residential and Specialized Residential Services. DWMHA has delegated this responsibility to the MCPNs and Crisis Service Vendor for Medicaid enrollee/member. However, DWMHA will retain the pre-service, concurrent and post-service review functions for enrollee/members who are part of the MiHealthLink demonstration project (Medicaid and Medicare dual eligible).
37. The Access Center, Crisis Center Vendor and the MCPNs must have and/or do the following:
- a. Ensure their staff that perform UM functions meet credentialing and licensing requirements and maintain a current list of their credentialed staff including subcontractors that perform pre-admission reviews, eligibility reviews and utilization review functions; and
  - b. Forward the list of staff to DWMHA on a quarterly basis; and
  - c. Immediately report to DWMHA any changes in employment status, including staff that are added to or deleted from the list; and
  - d. Adhere to procedures for reporting improper service providers/subcontractors' conduct that results in suspension or termination from the Access Center, Crisis Service Vendor or MCPN's network. Such incidences shall be reported to DWMHA immediately.

## **QUALITY ASSURANCE/IMPROVEMENT**

1. DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.
2. DWMHA's quality improvement program must include measures for both the monitoring of and the continuous improvement of the program or process described in this policy.
3. An Inter-Rater Reliability case review test is conducted by all DWMHA, Crisis Service Vendor and MCPN

staff making UM decisions to ensure consistent application of medical necessity criteria and appropriate level of care decisions.

4. Annually, the DWMHA UM Director or his/her designee identifies applicable vignettes from the Inter-Rater Reliability Indicia MCG module to assess Inter-Rater Reliability system wide based on the types of reviews the UM staff performs.
  - a. All DWMHA, Crisis Service Vendor and MCPN staff performing UM functions must review the vignettes and select the appropriate level of care by applying the MCG and NCD or LCD Utilization Management Criteria.
  - b. The MCG module immediately generates a compliance report which includes the test scores for each staff person and an item response analysis and detailed assessment report that pinpoints any areas the staff need additional training in.
  - c. It is the expectation of DWMHA that staff meet or exceed a score of 90%.
  - d. In the event that a staff person does not meet or exceed the 90% threshold, a corrective action plan which may include such activities as face-to-face supervision, coaching and/or education and re-training is implemented with the expectation that the staff person pass at the next Inter-Rater Reliability case review test.
5. One additional re-test will be given within thirty (30) days of the initial Inter-Rater Reliability care review test.
  - a. It is the expectation of DWMHA that the staff person meet or exceed a score of 90%.
  - b. In the event that the staff person does not meet or exceed the 90% threshold for a second time, he/she will be subject to a transfer to a role outside the UM Department or termination.
6. The results of the Inter-Rater Reliability case review tests will be used to identify areas of variation among decision makers and/or types of decisions. The results will help to identify opportunities for improvement as well as further training needs. However, all staff performing pre-admission reviews and/or utilization management functions shall be trained at least annually on the MCG and LCD or NCD Utilization Management Criteria.

## **COMPLIANCE WITH ALL APPLICABLE LAWS**

DWMHA staff, Access Center, Crisis Service Vendor, MCPNs, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

1. Federal Law 42 CFR: Sections 431.200 et seq., 438.400 et seq.
2. Federal Law 42 CFR, 422.560
3. MDHHS and DWMHA contract, October 1, 2016
4. Medicare Managed Care Manual, Current Edition
5. Medicaid Service Provider Manual – Current Edition, April 1, 2017
6. Michigan Department of Health and Human Services (Administrative Hearings, Policies and Procedures.)
7. Michigan Mental Health Code, PA 258 of 1974, as amended.

- 8. The Three Way Contract, November 1, 2016
- 9. Michigan Department of Health & Human Services (MDHHS) Managed Care Contract
  - a. Grievance and Appeal Technical Requirements

## RELATED POLICIES

- 1. MC Credentialing/Re-Credentialing
- 2. UM Provider Appeal Policy
- 3. CS Grievance Policy
- 4. Recipient Rights Appeals
- 5. UM Denial Policy
- 6. Behavioral Health Utilization Management Review
- 7. UM Behavioral Health UM Review Policy
- 8. Delegation Policy
- 9. Psychiatric Practice Standards

## RELATED DEPARTMENTS

- 1. Clinical Practice Improvement
- 2. Compliance
- 3. Information Technology
- 4. Integrated Health Care
- 5. Managed Care Operations
- 6. Quality Improvement
- 7. Substance Use Disorder
- 8. Utilization Management

## CLINICAL POLICY

YES

## INTERNAL/EXTERNAL POLICY

EXTERNAL

### Attachments:

No Attachments

### Approval Signatures

**Approver**

**Date**

Dana Lasenby: Acting Chief Executive Officer

06/2018



