

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Policy Name: Utilization Review		# of Pages: 4	
ADULT BENEFITS WAIVER		Policy Type: Regional	
Policy Number	Effective Date	Revision Date	Approval Date
08.001	5/04	4/05	4/19/05
Administrative/Board of Directors Sign Off			
Administrative Signature:			Date:
Board of Directors Signature:			Date:
Resource Person for Policy Questions:			Name: Regional Coordinator

I. PURPOSE

To establish a regional policy for the consistent and effective implementation and oversight of the Adult Benefit Waiver Program (ABW).

II. APPLICATION

This policy pertains to all affiliates within the Community Mental Health Partnership of Southeastern Michigan (CMHPSM), along with those contracted agencies responsible for screening, assessing and approving admission and subsequent services. For substance abuse ABW benefits, this policy only applies to the coordinating agency where the substance abuse funds are allocated.

III. DEFINITIONS

AAR - Access, Assessment and Referral Center

ASAM Patient Placement Criteria -American Society of Addiction Medicine, Inc. Patient Placement Criteria for the Treatment of Substance-Related Disorders; 2001

Beneficiary - The person/consumer eligible for receiving the services.

SPMI - SPMI means Severe and Persistent Mental Illness and is defined within the region.

Mild/Moderate Mental Illnesses:

- The beneficiary is experiencing or demonstrating mild or moderate psychiatric symptoms or signs of sufficient intensity to cause subjective distress or mildly

disordered behavior with minor or temporary functional limitations or impairments (self-care/daily living skills, social/interpersonal relations, educational/vocational role performance, etc.) and minimal clinical (self/other harm risk) instability.

- The beneficiary was formerly significantly or seriously mentally ill at some point in the past. Signs and symptoms of the former serious disorder have substantially moderated or remitted and prominent functional disabilities or impairments related to the condition have largely subsided (there has been no serious exacerbation of the condition within the last 12 months). The beneficiary currently needs ongoing routine medication management without further specialized services and supports.

Medical Necessity - Are services necessary for screening and assessing the presence of a mental illness or substance abuse disorder and/or, required to identify and evaluate a mental illness or substance abuse disorder that is inferred or suspected; and/or, intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness (or substance abuse) including impairment in functioning; and/or, Expected to arrest or delay the progression of a mental illness (or substance abuse) disorder and to forestall or delay relapse: and/or Designed to provide rehabilitation for the recipient to attain or maintain an adequate level of functioning.

IV. POLICY

- A. This ABW mental health benefit package is based on medical necessity criteria and is available to those meeting the SPMI and/or Mild/Moderate criteria for mental health. For substance abuse, the ABW benefit package is based upon medical necessity criteria and a level of care determination using the ASAM Patient Placement Criteria defined above. Service eligibility determination will be conducted through an Access Screening and/or assessment center (AAR) and be preauthorized prior to service delivery.
- B. For those beneficiaries that meet the CMHSP criteria for SPMI, the following service array will be available
- Crisis interventions for mental health-related emergency situations and/or conditions.
 - Identification, assessment and diagnostic evaluation to determine the beneficiary's mental health status, condition and specific needs.
 - Inpatient hospital psychiatric care for beneficiaries with a mental illness and who requires care in a 24 hour medically structured and supervised licensed facility
 - Psychotherapy or counseling (individual, family, group) when indicated
 - Interpretation or explanation of results of psychiatric examination other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist the beneficiary.
 - Pharmacological management, including prescription administration and review of medication use and effects.

- Specialized community mental health clinical and rehabilitation services, including case management, psychosocial interventions and other community supports, as necessary and when utilized as an approved alternative to more restrictive care or placement.
- C. For those beneficiaries that meet the CMHSP criteria for Mild/Moderate, the intervention will be based on a brief, solution focused therapy model and include assessment, therapy, medication evaluation and medication review. Due to the nature and scope of this mental health benefit package, discharge planning should be discussed at the initial session.
- D. Beneficiaries that meet the medical necessity criteria for treatment of a Mild/Moderate mental illness are eligible for an average of twelve (12) authorized sessions in a fiscal year. An initial authorized seven (7) sessions over a four (4) month period will be provided at intake. After the first seven (7) sessions, a request for additional sessions may be forwarded to the local utilization review office for consideration. Utilization review will occur with up to an additional five (5) session authorized based on medical necessity. Any beneficiary may be authorized for more than the twelve (12) sessions in any given year based on medical necessity and appropriate utilization review.
- E. For beneficiaries that meet the Substance Abuse (SA) eligibility criteria, the following services will be covered.
- Initial assessment, diagnostic evaluation, referral and patient placement. Only one assessment in any six-month period may be performed or paid for.
 - Outpatient Treatment sessions authorized up to fifteen (15) units in a twelve (12) month period.
 - Intensive Outpatient Treatment session up to twelve (12) days in a twelve (12) month period.
 - Federal Food and Drug Administration approved pharmacological supports for Levo-Alpha-Acetyl-Methadol (LAAM) and Methadone only. This treatment may be authorized for up to ninety (90) days
- F. Educational based services are not included as a part of this benefit, for those beneficiaries that require educational based interventions; referrals should be made to agencies where that can be provided.
- G. If a denial or reduction in services is determined, the consumer has the right to utilize the regional Grievance and Appeals process.

V. EXHIBITS

None

VI. REFERENCES

- Medical Services Administration Bulletin # MSA 00-10, (December 1, 2000)
- Medical Services Administration Bulletin # 03-04 (June 1, 2003)
- Medical Services Administration Bulletin # 03-05 (June 1, 2003)
- Michigan Mental Health Code
- American Society of Addiction Medicine, Inc.; Patient Placement Criteria for the Treatment of Substance-Related Disorders; 2nd Edition – Revised; 2001
- Community Mental Health Partnership of Southeast Michigan’s Grievance and Appeals Policy.
- Community Mental Health Partnership of Southeast Michigan’s Service Eligibility Criteria Booklet
- Michigan Department of Community Health Current Contracts for Mental Health and Substance Abuse Services

VII. PROCEDURES

None