


SWMBH Operating Policy 12.7

Subject: Pre-Admission Screening		Accountability: Utilization Management	Effective Date: 6/19/14	Pages: 3
REQUIRED BY: BBA Section BBA Sec. 438.210, Subpart D PIHP Contract Section 4.0 Access Assurance, Attachment 4.1.1 NCQA Standard N/A SA SARF None Other Administrative Rules R325.14115 115 (1) -115 (3), Medicaid Provider Manual, Behavioral Health and Intellectual/Developmental Disability Supports and Services chapter; M.C.L. 330.1209(a), B.9; Michigan Mental Health Code, Section 409			Last Reviewed Date: 9/9/16	Past Reviewed Dates: 6.27.15
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> I Waiver <input checked="" type="checkbox"/> Healthy Michigan Plan <input type="checkbox"/> MI Health Link <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD CA Block Grant <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> RE Staff and Operations <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input checked="" type="checkbox"/> DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 9/9/16	Past Revised Dates: 6.27.15
Approved : <u> (11.7.16)</u>			Required Reviewer: Director of UM & ME	
Date: _____				

I. Purpose

To establish the standards that define, guide and detail how Southwest Michigan Behavioral Health (SWMBH) and its provider network system comply with the federal laws and Michigan Department of Health and Human Services (MDHHS) Contract requirements pertaining to the practice of pre admission screening.

II. Policy

It is the policy of Southwest Michigan Behavioral Health that a face-to-face pre-screening will be conducted to determine medical necessity for admission 24 hours per day, 7 days a week, prior to and as a condition for any customer's admission to an inpatient, partial hospitalization or crisis residential placement.

III. Standards and Guidelines

- A. Pre-screeners from Partner Community Mental Health Service Providers (CMHSP) may authorize up to three calendar days for a psychiatric inpatient or crisis residential/partial hospitalization admission. If the expected day of review should fall on a weekend or holiday, the review will occur on the next business day. Days authorized must be clearly documented on the pre-screen form.
- B. When the pre-screening does not indicate medical necessity for admission, the pre-screener will arrange services and/or supports as appropriate to the customer and the customer's condition and provide due process notification for all denials. The pre-screening activity will meet all other relevant MDHHS and federal requirements and guidelines.

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- C. Affiliate CMHSPs are accountable for conducting face-to-face pre-screenings for eligible SWMBH customers who are currently located in their service areas, for authorizing payment for the admission according to policy, and arranging the admission and/or other appropriate supports and services following the pre-screening.
- D. There will be no arbitrary barriers to receiving a pre-screen. Request for prescreening for an individual who is intoxicated shall occur after the individual's clinical and behavioral presentation has been determined by the CMHSP to be appropriate for, and able to reasonably participate in, a clinical interview/evaluation. It's recognized that different individuals respond differently and regardless of BAC (Blood Alcohol Concentration), the person may be screened but must be competent, coherent and communicative and the pre-screen being conducted will be based on the screeners clinical judgment.
- E. Per SWMBH COFR policy and the Michigan Mental Health Code, Chapter 3, 330.1306, an individual will not be denied a pre-screen based upon the inability to establish county of financial responsibility.
- F. Pre Admission Screeners shall follow the following procedures:
 - 1. Pre-screenings for admission will be conducted by licensed, appropriately credentialed individuals, who have been determined by the CMHSP to possess the appropriate experience, credentials, and clinical competence. The Pre-screening unit must be supervised by a registered professional nurse or other licensed mental health professional possessing at least a master's degree (Michigan Mental Health Code, Section 409).
 - 2. All individuals conducting pre-screenings will utilize the standard PIHP Pre-Screening Form.
 - 3. All pre-screenings resulting in admission will be completed and entered into the EHR no later than 10 a.m. the day of the review. For those being centrally managed by SWMBH, the PAS will be faxed or scanned and sent via secure email to SWMBH no later than 10 a.m. the day of the review.
 - 4. SWMBH Utilization Management Staff will be available during business hours to receive calls from CMHSP staff. SWMBH will receive faxed pre-screening forms and/or scanned electronic documents at all times.
 - 5. Medical necessity for admission (or lack thereof) will be fully documented on the completed pre-screening form. All fields in the pre-screening form must be completed. Rationale must include valid DSM 5 diagnosis, Intensity of Service, and Severity of Illness.
 - 6. All Pre-screeners and SWMBH UM will follow the Inpatient Psychiatric Hospital Admission Standards as outlined in the Medicaid Provider Manual, Behavioral Health and Intellectual/Developmental Disability Supports and Services chapter
 - a. Inpatient pre-screening services must be available 24 hours a day, 7 day a week.
 - b. Disposition must be completed within 3 hours.
 - c. Severity of illness and intensity of service criteria are appropriately evaluated and documented in approval or denial decisions.
 - d. When a substance abuse issue is identified, coordination with substance abuse providers will occur. The following information will be provided to the customer and clearly documented on the Prescreening form (if applicable) or in the management information system:
 - i.name, phone number and address of a referral source
 - ii. if possible, an appointment date, time, agency name, and name of the individual they will be seeing

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- e. Pre-screener will obtain necessary Releases of Information
 - i. Pre-screener, CMHSP staff and/or the PIHP will communicate with the Primary Care Physician (PCP) or health plan for admissions as well as diversions and will have valid Releases of Information.
 - ii. The name, agency, and phone number of the PCP will be clearly documented on the pre-screen form.
 - iii. When a customer does not have a PCP, documentation indicating so must be clearly noted on the pre-screen.
 - iv. In the instance that there is no PCP identified, or there is no valid contact information for the identified PCP, admissions and diversions will be communicated to the customer's Medicaid Health Plan, if applicable.
 - v. All attempts will be made to ensure appropriate coordination of behavioral, physical and substance abuse care occurs to benefit of customer.
- f. The PIHP/CMHSP is responsible for providing, or referring and linking, to alternative services and clearly documenting such referrals on the pre-screen form when individuals have been assessed as not meeting criteria for inpatient psychiatric hospitalization.
- g. When requested inpatient services are denied, the customer must be given a written notice of their right to a second opinion. The distribution of the second opinion rights information and resulting response of the customer's desire for a second opinion will be clearly documented on the pre-screen form. If a denial is conducted over the telephone, documentation must indicate the denied customer was mailed a copy of his/her notice of right to a second opinion. Outcome of second opinion will be tracked via local CMH/SWMBH procedures depending on who has completed the screening.
- h. The PIHP, in conjunction with pre-screener and/or hospital liaisons, will communicate with treating and/or referring providers. When a referring provider is outside of the PIHP system, a release of information will be obtained to allow the PIHP to communicate with the provider.
- i. When courtesy pre-screening is conducted by an agency other than one of the SWMBH Partner CMHSPs on behalf of that CMHSP, the SWMBH Partner CMHSP is responsible for coordinating with the other agency/CMHSP/PIHP to ensure that the Pre-screening information is entered into the EHR and/or sent to SWMBH Utilization Management within the expected time frame.

IV. Definitions

None

V. References

Michigan Mental Health Code, Chapter 3
SWMBH COFR Policy
Medicaid Provider Manual
BBA Sec. 438.210, Subpart D

VI. Attachments

None

