



Section: Utilization Management	Policy Name: Levels of Care	Policy Number: 04.10
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**Policy:** Southwest Michigan Behavioral Health (SWMBH) utilizes population-specific assessment tools with defined Levels of Care and Recommended Thresholds to assess eligibility for Prepaid Inpatient Health Plan (PIHP) Medicaid specialty behavioral health services. Levels of Care and Recommended Thresholds identify which services an individual is eligible to receive without necessitating a utilization management review.

**Purpose:** The federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and the Medicaid Managed Care Regulations (42 CFR §438.910(b)) prohibit Medicaid managed care entities, including Prepaid Inpatient Health Plans (PIHPs), from imposing less favorable treatment limitations (qualitative or non-qualitative) on mental health and substance use disorder benefits than the predominate treatment limitations which exist for medical/surgical benefits of the same class (e.g., inpatient services, ambulatory services). In Michigan, standardized criteria and assessments are employed by all PIHPs for those who request behavioral health services, to promote statewide consistency for access to Medicaid specialty behavioral health services (uniformity of benefit), and to prevent unequal treatment limitations. This policy outlines how SWMBH and its Community Mental Health (CMHs) use standardized assessments and level of care criteria to ensure equitable access to services.

**Scope:** Levels of Care are used to define level of need, and Core Service Menus are established to recommended service amounts for each Level of Care, for each of the Medicaid behavioral health populations served by SWMBH and regional CMHs.



### **Responsibilities:**

- A. SWMBH, CMH, and contracted provider staff use the appropriate population-specific assessment to determine individuals' Level of Care. Each Level of Care corresponds to a Core Service Menu of supports and services.
- B. Staff assist individuals in developing their Person-Centered Plan of service. Services requested in the Person-Centered Plan that fall within the Core Service Menu do not require utilization management review. Services requested that fall outside of the Core Service Menu (Exceptions) are reviewed by a CMH or SWMBH Utilization Management staff member for approval or denial, prior to service delivery.
- C. SWMBH Levels of Care and Core Service Menus are reviewed and modified as necessary through the SWMBH Regional Utilization Management Committee.

### **Definitions:**

- A. Core Service Menu: The services which are available with defined Recommended Thresholds for an identified population at a given Level of Care.
- B. Exception: Service(s) that fall above the Recommended Threshold or outside of the Core Service Menu for a given Level of Care.
- C. Level of Care: Refers to the intensity of services (setting, frequency and mode) an individual will receive during a specific stage of treatment.
- D. Medical Necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. (Medicaid Provider Manual)
- E. Recommended Threshold: The annual service unit limit per Level of Care at which a particular service may be requested and delivered without utilization management review and approval.
- F. Uniform Benefit/Uniformity of Benefit: Consistent application of and criteria for benefit eligibility, level of care determination and service provision regardless of various demographics including geographic location, based upon the clinical and functional presentation of the person served, over time.
- G. Utilization Review: The process of monitoring, evaluating medical necessity, use, delivery, cost effectiveness, appropriateness, and the efficient use of health care services provided by health care professionals on a prospective, concurrent or retrospective basis. Utilization review activities include monitoring of individual consumer records, specific provider practices and system trends. to determine appropriate application of Guidelines and Criteria in the following areas: level of care determination, Application of Service Selection Criteria, Application of Best Practice Guidelines, Consumer outcomes, Over-Utilization/under Utilization, and Review of clinical or resource utilization Outliers.

### **Standards and Guidelines:**

- A. SWMBH Levels of Care are developed, and are reviewed and modified as necessary, under the direction of the SWMBH Regional Utilization Management Committee.
- B. The assessment tools used to determine Level of Care service Menus for each population are listed below.
  - 1. The Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services is used with adults with mental illness, 18 and up.

2. The Child and Adolescent Functional Assessment Scale (CAFAS) is used with children and youth with emotional disturbances ages 7-17.
  3. The Preschool and Early Childhood Functional Assessment Scale (PECFAS) is used with children with emotional disturbances ages 4-6.
  4. The Supports Intensity Scale (SIS) is used with adults with intellectual and developmental disabilities, 18 and older.
  5. The American Society of Addiction Medicine Patient Placement Criteria (ASAM) is used with persons with substance use disorders.
- C. SWMBH Levels of Care, Core Service Menus, and Recommended Thresholds define a common benefit package based on the assessment tool used for the defined population.
- D. For each population area, a Core Service Menu is available for each defined Level of Care. Recommended Thresholds exist within each Core Service Menu.
- E. Services that comprise the Core Service Menu for an individual's Level of Care do not require review and approval by utilization management staff if the service units requested are below the annual Recommended Threshold. Any combination of these services may be selected by the individual through the person-centered planning process, without additional authorization review, as long as Medicaid Provider Manual criteria are met, and the individual's record contains documentation of rationale of medical necessity for the service(s).
- F. Certain services (e.g., personal care and community living supports in a specialized residential setting) do not have pre-approved service availability with the Core Service Menu, and require utilization management review and approval for any request, due to the Recommended Threshold being set at 0.
- G. Certain services are excluded from the Level of Care guidelines. These are:
1. Screening and Emergency/Crisis services (H0002, S9484, T1023), which do not require authorization.
  2. Assessments (H0031, 90791, 90792), which will be monitored outside of the Level of Care guidelines.
  3. Acute Psychiatric Services and electroconvulsive therapy (ECT): Review and authorization of these services are managed through the pre-screen and concurrent authorization processes.
  4. Medication Injections (96372 and 99506).
- H. Services requested that are beyond the Recommended Threshold or that fall outside of the Core Service Menu for an individual's Level of Care are referred to as Exceptions. An Exception may be authorized if medical necessity is established through a utilization review.
1. Exception requests are generated following the person-centered planning process and development of the individualized plan of service (including plan amendments).
  2. A utilization management professional reviews the request and makes a determination of medical necessity, including amount, scope, and duration, for the service being requested.
  3. When an Exception is being reviewed, Utilization Management staff will review an individual's entire service package to assess the medical necessity of the individual's entire service array.
  4. If the Exception is approved, the reason must be clearly documented by the utilization reviewer.
  5. Common reasons for approvals of Exception requests for *clinical* services include:
    - a. Recent hospitalization(s) or exacerbation of symptoms
    - b. Multiple comorbidities with complex needs
    - c. Multiple psychosocial needs or stressors



- d. Person at risk of harm to self or others
6. The following information should be considered during Person-Centered Planning, and when reviewing Exception requests for *supportive* services:
- a. The degree to which the individual requires supervision and support for health and safety needs,
  - b. The availability of natural supports and caregivers (with consideration of work hours),
  - c. School involvement, employment/volunteer status (including retirement age), and hours worked or at school,
  - d. The individual's living arrangement – family home, independent living, or licensed home,
  - e. Other psychosocial and health considerations such as legal involvement or co-morbid chronic diseases,
  - f. Duration in services and progress in skill development / goal attainment,
  - g. Whether the request is duplicative with other available or provided services or supports (including services or supports available through non-Medicaid sources like home help, MRS, or school/the ISD),
  - h. Whether the service request is the least restrictive, most cost-effective approach to address health and safety needs and/or to meet person-centered goals and objectives (e.g., if less restrictive/intensive services were in place, could the individual still make progress toward goals, and remain safe? Or, would more intensive services like inpatient or specialized residential be needed?).
7. If the Exception is denied or not approved in whole, the reason is clearly documented by the utilization management reviewer, and Notice of Adverse Action is provided.
8. Utilization review of Exception requests follow all PIHP, state, and federal policy related to Medicaid authorization requests, including but not limited to timeliness of decisions and credentials of individuals making authorization determinations.

**Procedures:** None

**Effectiveness Criteria:** N/A

**References:** None

**Attachments:**

- A. 04.10A SWMBH Core Service Menu - Adults with Mental Illness
- B. 04.10B SWMBH Core Service Menu - Youth with Severe Emotional Disturbances
- C. 04.10C SWMBH Core Service Menu – Adults with Intellectual and Developmental Disabilities
- D. 04.10D SWMBH Core Service Menu – Persons with Substance Use Disorders

**Revision History**

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	5/31/19	Scope and Responsibilities	Added (not in previous version)	Moira Kean
1	5/31/19	Attachments	Addition of CAFAS/PECFAS Core Service Menu Updates to LOCUS Core Service Menu	Moira Kean
1	5/31/19	Standards and Guidelines, G	Added medication injection to list of services not requiring authorization	Moira Kean
2	June 2020	Standards and Guidelines, H.3	When an Exception is being reviewed, UM staff will review an individual's entire service package to assess the medical necessity of the individual's entire service array	Moira Kean
2	June 2020	Standards and Guidelines, H.5 and 6	Considerations for exception reviews for supportive services (vs clinical services)	Moira Kean
2	June 2020	Attachments	Addition of I/DD and SUD Core Service Menus	Moira Kean












# 04.10 Levels of Care

Final Audit Report

2020-07-31

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**SWMBH CORE SERVICE MENU - ADULTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES**

7/1/2022

Version Date:

Endorsement Dates:

7/1/22 Regional Utilization Management Committee and Regional Clinical Practice Committee

The SWMBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services, or as one-size-fits-all service packages. An assessment score does not directly equate to approval for a service(s). Services are typically determined based on a combination of Assessment, Person-Centered Planning process, consideration of natural supports, stage of change, service history, and clinician judgment. Clinical assessments shall contain clear documentation of eligibility for PIP specialty services, as outlined in MPM B/IDD Chapter, section 1.6; as well as documentation supporting the medical necessity of each requested/authorized service.

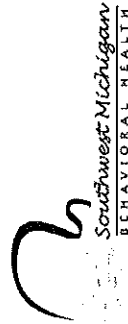
Some court-ordered individuals may be required by Judge's order into a level of care incongruent with the assessment score. Funding via PIP Medicaid funds is contingent upon documented medical necessity for the services being delivered.

SWMBH is responsible to ensure that LOC guidelines are being used consistently by OMRSP, as well as to ensure that appropriate exceptions, appeal mechanisms and documentation are in place. Goal is to have a common, uniform benefit for Medicaid services across the region, informed by consistent, standardized assessments.

Services not requiring authorization: Screening and Emergency/Crisis services (H002, S0494, T1003), Medication Injections (96372 and 95906), Prevention (95062, T1027)

Assessments (H003, 90791, 90792) will be monitored outside of the Core Service Menu. Review and authorization for Active Psychiatric Services and ECT are managed through the pre-screen and concurrent authorization processes.

This list is not all-inclusive. Any other services not listed require review at the local OMRSP by a Utilization Management Professional, including but not limited to: CLS/PC Per Diem, Family Training, Nutrition Services, Prevention Services, Psychological Testing, and Supported Independent Living.



Level	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Other Indicators for services at this level	<p>Low functional support needs, low medical and behavioral support needs</p> <p>ABE Score 0-22, and Medical Score 0-3, and Behavior Score 0-3</p> <p>Functional Level: Requires minimal prompts/reminders to engage in or complete daily living activities and to access the community.</p> <p>Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches.</p> <p>Physical Health Comorbidity: Medical/health needs are stable and maintained with minimal support.</p> <p>Safety Risks: None or managed with minimal prompting, supervision, or reminders</p>	<p>Moderate functional support needs, low medical and behavioral support needs</p> <p>ABE Score 23-27, and Medical Score 0-3, and Behavior 0-3</p> <p>Functional Level: Verbal prompts, coaching, and/or training needed to engage in or complete daily living activities and to access the community.</p> <p>Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches.</p> <p>Physical Health Comorbidity: Medical/health needs are stable. May require assistance and prompts to ensure healthcare needs are met.</p> <p>Safety Risks: None or managed with minimal prompting, supervision, and/or reminders</p>	<p>High functional support needs, moderate medical and behavioral support needs</p> <p>ABE Score 28+, and Medical Score 0-3, and Behavior 0-3</p> <p>Functional Level: Frequent assistance, guidance, and/or prompting needed engage in or complete daily activities and to access the community. Some hands-on physical support/guidance needed.</p> <p>Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches.</p> <p>Physical Health Comorbidity: Medical/health needs are stable. Requires assistance and/or prompts to ensure healthcare needs are met.</p> <p>Safety Risks: Safety risks may be present that need to be addressed or monitored; includes safety to self and safety in the community.</p>	<p>Any functional support needs, moderate medical and/or behavioral support needs</p> <p>ABE Any Score, Medical Score 4-6 OR Behavior 4-5</p> <p>Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level.</p> <p>Behavioral Health: May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan.</p> <p>Physical Health Comorbidity: May have medical/health needs resulting weekly (or more) necessitating and/or frequent assistance.</p> <p>Safety Risks: Safety risks to self or others may exist. Includes safety to self and safety in the community. May need environmental accommodations.</p>	<p>Any functional support needs, high medical and/or behavioral support needs</p> <p>ABE Any Score, Medical Score 7-9 OR Behavior 7-9</p> <p>Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level.</p> <p>Behavioral Health: May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan.</p> <p>Physical Health Comorbidity: May have extensive medical/health needs, resulting daily (or more) monitoring and/or oversight and hands on assistance. Nursing services may be required to develop and train on health care protocols.</p> <p>Safety Risks: Active safety risk to self or others due to medical or behavioral risks. May need environmental accommodations.</p>	<p>Any functional support needs, extraordinary medical and/or behavioral support needs</p> <p>ABE Any Score, Medical 10+ OR Behavior 10+</p> <p>Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level.</p> <p>Behavioral Health: May have frequent potentially harmful, injurious or dangerous behaviors requiring near continuous supervision, consistent proactive interventions, and a formal behavior treatment plan.</p> <p>Physical Health Comorbidity: May have extensive medical/health needs, resulting multiple times during the day. Nursing services typically required to develop and train on health care protocols.</p> <p>Safety Risks: Active safety risk to self or others due to medical or behavioral risks. May need environmental accommodations.</p>
Other Indicators	<p>Community Living Supports 15 minutes (H2015)</p> <p>Family and Individual Therapy (9083X, 9084X)</p> <p>Fiscal Intermediary Services (T2025)</p> <p>Nursing Services (T1002)</p> <p>Psychiatric office visit (99200) (T1005)</p> <p>Respite Services, 15 minute (H2014/H2014HK)</p> <p>Supported Employment (H2023)</p> <p>Targeted Case Management (T1017)</p> <p>Treatment Planning (H0032)</p>	<p>Community Living Supports 15 minutes (H2015)</p> <p>Family and Individual Therapy (9083X, 9084X)</p> <p>Fiscal Intermediary Services (T2025)</p> <p>Nursing Services (T1002)</p> <p>Psychiatric office visit (99200) (T1005)</p> <p>Respite Services, 15 minute (H2014/H2014HK)</p> <p>Supported Employment (H2023)</p> <p>Targeted Case Management (T1017)</p> <p>Treatment Planning (H0032)</p>	<p>Community Living Supports 15 minutes (H2015)</p> <p>Family and Individual Therapy (9083X, 9084X)</p> <p>Fiscal Intermediary Services (T2025)</p> <p>Nursing Services (T1002)</p> <p>Psychiatric office visit (99200) (T1005)</p> <p>Respite Services, 15 minute (H2014/H2014HK)</p> <p>Supported Employment (H2023)</p> <p>Targeted Case Management (T1017)</p> <p>Treatment Planning (H0032)</p>	<p>Community Living Supports 15 minutes (H2015)</p> <p>Family and Individual Therapy (9083X, 9084X)</p> <p>Fiscal Intermediary Services (T2025)</p> <p>Nursing Services (T1002)</p> <p>Psychiatric office visit (99200) (T1005)</p> <p>Respite Services, 15 minute (H2014/H2014HK)</p> <p>Supported Employment (H2023)</p> <p>Targeted Case Management (T1017)</p> <p>Treatment Planning (H0032)</p>	<p>Community Living Supports 15 minutes (H2015)</p> <p>Family and Individual Therapy (9083X, 9084X)</p> <p>Fiscal Intermediary Services (T2025)</p> <p>Nursing Services (T1002)</p> <p>Psychiatric office visit (99200) (T1005)</p> <p>Respite Services, 15 minute (H2014/H2014HK)</p> <p>Supported Employment (H2023)</p> <p>Targeted Case Management (T1017)</p> <p>Treatment Planning (H0032)</p>	<p>Community Living Supports 15 minutes (H2015)</p> <p>Family and Individual Therapy (9083X, 9084X)</p> <p>Fiscal Intermediary Services (T2025)</p> <p>Nursing Services (T1002)</p> <p>Psychiatric office visit (99200) (T1005)</p> <p>Respite Services, 15 minute (H2014/H2014HK)</p> <p>Supported Employment (H2023)</p> <p>Targeted Case Management (T1017)</p> <p>Treatment Planning (H0032)</p>

\*ABE score is the composite score of support needs in three specific areas of the SIS: Part A: Home Living Activities; Part B: Community Living Activities; and Part E: Health and Safety Activities

SWMBH will review Authorization & actual utilization data to identify cases for oversight and monitoring for over-and-under utilization