




Section: Clinical Practices	Policy Name: Pre-Admission Screening	Policy Number: 12.07
Owner: Director of UM	Reviewed By: Elizabeth Guisinger, LPC, CAADC	Total Pages: 5
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): See References	Final Approval By:  <u>Beth Guisinger</u> Jul 21, 2023 09:59 EDT)	Date Approved: Jul 21, 2023
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): <hr/>	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid	Effective Date: 6/19/2014

Policy: It is the policy of Southwest Michigan Behavioral Health (SWMBH) 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.

Purpose: To establish the standards that define, guide and detail how 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.

Scope: This policy is applicable to Community Mental Health Service Providers (CMHSP) Pre-screener who manage initial authorizations of inpatient, partial hospitalization, and crisis residential placement based on medical necessity for individuals under the funding sources of Medicaid and Healthy Michigan Plan.

Responsibilities: CMHSP Pre-Screeners are responsible for providing face-to-face pre-admission hospitalization screening to determine medical necessity and initial authorization to an inpatient, partial hospitalization or crisis residential placement.

Definitions: None

Standards and Guidelines:

- A. Pre-screener from a partner 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.
 - 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 screener's clinical judgement.
 - 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. Aligned with best clinical practice, if the individual has not been placed into a psychiatric hospital or crisis residential bed within 24 hours of the completed pre-screen, another pre-screen must be completed within 24 hours of hospitalization placement; or within 24 hours if there has been a dramatic change in the presentation of the individual's behavioral symptoms (or lack thereof).
 - G. 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 Prepaid Inpatient Health Plan (PIHP) Pre-Screening Form and MCG Medical Necessity Criteria.
 - 3. All pre-screenings resulting in admission will be completed and entered into the electronic health record (EHR) no later than 10 a.m. the next business day. For those being centrally managed by SWMBH, the PAS will be uploaded to the SWMBH Share Portal no later than 10 a.m. the following business day.
 - 4. All pre-screenings resulting in diversions should be uploaded to the SWMBH Share Portal within 3 business days, if centrally managed by SWMBH.
 - 5. SWMBH Utilization Management (UM) Staff will be available during business hours to receive calls from CMHSP staff. SWMBH will receive uploaded pre-screening forms at all times.
 - 6. 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, Severity of Illness, and MCG criteria.



7. 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 days 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 Pre-screening 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.
 - e. Pre-screeners will obtain necessary Releases of Information
 - i. Pre-screeners, 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 by the CMHSP, 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 Adverse Benefit Determination (ABD) and second opinion rights should be provided to the customer whether they agree with the inpatient psychiatric diversion, or not. The distribution of the second opinion rights information and any customer requests 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-screeners 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.

References:

- A. BBA Section BBA Sec. 438.210, Subpart D
- B. PIHP Contract Section 4.0 Access Assurance, Attachment 4.1.1
- C. 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
- D. Michigan Mental Health Code, Chapter 3
- E. SWMBH COFR Policy

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	6/7/2019	Standards & Guidelines, section F.3. & 4.	Defined timelines for uploading pre-screens, admissions vs. diversions	E. Guisinger
1	6/15/2020	NA	Annual Review	E. Guisinger
2	9/30/2020	Standards & Guidelines, section F inserted	Clarification regarding that pre-screens are clinically valid for 24 hours or sooner if there has been a significant change in presentation of behavioral health symptomology	E. Guisinger
3	8/3/2021	Standards & Guidelines, section G.2-G.7	Add MCG requirements. Clarification that PCP/Health Plan notification should fall to CMHSP.	L. Mitchell
4	1/4/2022	Updated effective date	When policy was moved over to new template, the incorrect effective date was used.	E. Guisinger
5	9/26/22	Section location in header	Updated to "Clinical Practices"	A. Lacey
6	7/6/2023	Section G.7.g.	Language added to ensure ABDs & 2 nd Opinions are provided to all IP denials, including diversions.	E. Guisinger






12.07 Pre-Admission Screening

Final Audit Report

2023-07-21

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