Southwest Michigan
BEHAVIORAL HEALTH

Section: **Utilization Management**	Policy Name: **Consistency in Applying Criteria**	Policy Number: **MHL 04.05**
Owner: **Director of Clinical Quality**	Reviewed By: **Moira Kean** **Elizabeth Guisinger, LPC, CAADC**	Total Pages: **5**
Required By: ☐ **BBA** ☐ **MDHHS** ☒ **NCQA** ☐ **Other (please specify):** _____	Final Approval By: *Moira Kean* *Beth Guisinger (Nov 2, 2020 16:40 EST)*	Date Approved: Nov 2, 2020
Application: ☒ **SWMBH Staff/Ops** ☐ **Participant CMHSPs** ☐ **SUD Providers** ☐ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☐ **Medicaid** ☐ **Other (please specify):** ☐ **Healthy Michigan** _____ ☐ **SUD Block Grant** ☐ **SUD Medicaid** ☒ **MI Health Link**	Effective Date: **10/29/2020**

Policy: It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) that utilization management (UM) decisions shall be made consistently across UM clinicians, using MCG Medical Necessity criteria, which is program specific, objective and evidence based, and based on nationally recognized standards of care, as well as clinical practice guidelines, including those developed by the National Institute for Health and Care Excellence and the Michigan Quality Improvement Consortium (MQIC). Decision and screening criteria shall be designed to assist UM clinicians in assessing the appropriateness of care and length of stay for behavioral health and substance use disorder services.

Monitoring and feedback of utilization management staff's compliance with the application of clinical standards and guidelines shall occur regularly on an informal basis, and formally assessed no less than annually, through call monitoring and Inter-Rater Reliability (IRR) testing. Information ascertained through these mechanisms will drive the Utilization Management Department in determining ways to increase clinical abilities to identify potentially avoidable utilization and quality of care issues, target specific areas requiring more training or education, and initiate the development, and/or improvement, of clinical training protocols to meet the needs of the staff and department.

Purpose: To ensure the consistency of the application of UM Standards, medical necessity criteria and authorization of uniform benefit.

Scope: SWMBH Clinical Utilization Management staff shall be properly trained and oriented within adopted guidelines, as well as IRR Testing to ensure consistency in clinical application.

Responsibilities: SWMBH UM clinical staff will be oriented and trained within clinical guidelines and participate in regular testing to validate consistency.

SWMBH Manager of UM will ensure appropriate training of UM clinical staff and will coordinate with SWMBH Clinical Quality department to arrange ongoing IRR testing.

Definitions:
A. ASAM (American Society of Addiction Medicine) Patient Placement Criteria**:** A set of criteria designed to assist clinicians in providing outcome-orientated and results-based care in the treatment of addiction. ASAM criteria provides guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.
B. LOCUS (Level of Care Utilization System): A widely used instrument for determining the appropriate level of service intensity for persons with behavioral health disorders.

Standards and Guidelines:
SWMBH utilizes multiple mechanisms to evaluate clinical staff performance in consistently applying standardized criteria and when making medical necessity determinations for covered services. Inter-Rater Reliability testing and call monitoring are methods utilized by the UM department to measure how well clinical staff who make service determinations, are able to apply adopted clinical guidelines and reach the same conclusion when determining medical necessity and/or whether a service should be authorized or paid. Lack of consistent application of clinical guidelines among UM personnel, when making medical necessity determinations and identifying quality issues, can result in increased cost of care, decreased quality of member care, and create dissatisfaction among members and providers.   Identification of inconsistencies in criteria application by clinical staff, provides the UM Department opportunities to improve uniformity in decision making, provides guidance for ongoing staff development needs, and brings attention to policies, processes and/or protocols that may require adjustment.
A. New Hire Training
All newly hired Utilization Management clinical staff will receive orientation and training on:
1. Cultural Diversity/Sensitivity
2. Limited English Proficiency (LEP)
3. Member Rights and Responsibilities/Grievance/Complaint/Appeals
4. Access Management
5. Clinical Practice Guidelines
6. Clinical Protocols/Pathways
7. SWMBH Policies
8. SWMBH Managed Care Information Systems
9. Medicare covered Behavioral Health and Substance Use Disorder services
10. Medicaid covered Behavioral Health and Substance Use Disorder services
11. MCG Medical Necessity Criteria for covered services
12. Level of Care Functioning Tools (ASAM, LOCUS, SIS, DLA), as applicable
13. Other identified data sources, policies, guidelines, and resources used in the determination of benefits, as applicable and identified in the UM & Call Center Training Manual
B. Testing for Consistency in Clinical Application

Testing to ensure clinical criteria are being uniformly applied must be completed by all staff making medical necessity determinations. Medical necessity determinations include, but are not limited to: conducting preservice/prospective, concurrent, and post service/retrospective authorization determinations, and SPMI eligibility determinations:

1. Assessment Mechanisms: Several mechanisms shall be utilized in performing an assessment of consistent criteria application including:
    a. Inter-Rater Reliability (IRR) testing completed through the use of actual, or hypothetical, test case studies which gauges consistency of responses pertaining to: the medical appropriateness of the care provided, identification of care delays, the appropriateness of setting and provider type, the intensity of services provided and which of SWMBH's guidelines are applicable.
    b. Periodic reviews of UM staff documentation compared against clinical criteria.
    c. Weekly meetings between UM staff and SWMBH's Medical Director to evaluate medical necessity determinations and discussions regarding complex cases
    d. Case consultations with the Medical Director and/or Addictionologist or fully licensed consulting psychologist in instances where UM criteria appears to be insufficient for making determinations on complex cases.
    e. Call monitoring of clinical staff as identified in the Call Monitoring Plan.
2. Frequency: Frequency of assessing uniformity in the application of criteria, is determined upon mechanism used, as well as identified individual or group staff need(s) for increased training and supervision. Formal IRR testing will occur no less than annually.
3. Outcomes: Results of IRR testing, which reflect variations in decisions and/or interpretation among clinical staff, shall drive:
    a. Continued discussion of designated criteria sets
    b. Corrective Action Plans to improve performance
    c. Revisions to clinical training guidelines and protocols
    d. Revisions to policies and procedures
4. Failure To Meet Consistency Standards of IRR testing: Clinical UM staff, whose IRR testing results do not meet the goal of at least 80% consistency with the plan standard, must re-test until the standard is met, and are subject to the following during that timeframe:
    a. Additional education and resources
    b. Increased oversight of service determinations and clinical screenings
    c. Weekly supervision to review cases, determinations, and discuss criteria application

Procedures: None

Effectiveness Criteria: N/A

References:
   A. SWMBH MI Health Link UM Program Plan
   B. SWMBH MI Health Link Policy Access Management
   C. SWMBH MI Health Link Policy Utilization Management
   D. UM & Call Center Training Manual

E. Call Monitoring Plan
F. 2020 NCQA MBHO UM Standards

Attachments: None

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	4/26/2019	Scope & Responsibilities	Not in previous version	E. Guisinger
1	10/29/2020	Standards & Guidelines, A.11	MCG Guidelines	E. Guisinger

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