

ATTACHMENT 1

NORTHCARE UM PLAN FY09/FY10

*Michigan Medicaid Provider Manual, Chapter on Mental Health/ Substance Abuse Services,
Section 2.5 Medical Necessity Criteria April 1, 2006*

The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

2.5.A. Medical Necessity Criteria

Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

2.5.B. Determination Criteria

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary; and
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary; and
- For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning; and
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience; and
- Made within federal and state standards for timeliness; and
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose.

2.5.C. Supports, Services and Treatment Authorized by the PIHP

Supports, services, and treatment authorized by the PIHP must be:

- Delivered in accordance with federal and state standards for timeliness in a location that is accessible to the beneficiary; and
- Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner; and
- Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations; and
- Provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated settings shall be used only when less restrictive levels of treatment,

service or support have been, for that beneficiary, unsuccessful or cannot be safely provided; and

- Delivered consistent with, where they exist, available research findings, health care practice guidelines, best practices and standards of practice issued by professionally recognized organizations or government agencies.

2.5.D. PIHP Decisions

Using criteria for medical necessity, a PIHP may:

- Deny services that are:
 - Deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
 - Experimental or investigational in nature; or
 - For which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services; and/or
- Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

A PIHP may not deny services based **solely** on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individual basis.

NORTHCARE ACCESS & ELIBILITYPROCEDURE

PROCEDURE TITLE: Eligibility Determination (Medicaid)

DATE APPROVED: January 11, 2008

APPROVED BY: NorthCare Access Team

REVISIONS: 3/08, 07/14/08

PURPOSE

To guide the A&E clinicians in making an initial determination of a request for services and to provide consistency to eligibility decisions in the U.P.

PROCEDURES

1. The Medicaid Provider Manual provides an initial guideline for determining eligibility.
2. The second area of consideration is "Medical Necessity".
 - a. To qualify for CMHC eligibility, the functional disability must be due to a mental illness and not due to a physical illness or substance abuse illness.
 - b. There must be a reasonable expectation that CMHC specialty services will be effective in treating the mental illness.
 - c. There does not exist another appropriate, efficacious, less restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically necessary services (e.g. the UPHP). Generally if a patient with a mental illness is appropriate for psycho-therapy and/or medication management

they should be referred to a community provider and if they need case management they should be referred to the CMHC system.

3. To ensure consistency and clinically appropriate decisions, the Medical Director of NorthCare provides clinical supervision of A&E personnel and reviews and has oversight authority of Access System policies and clinical practices. Any questionable cases should be discussed with a supervisor or peer clinician. Additionally, NorthCare's Medical Director sits on the Clinical Advisory Committee and Credentialing Committee for the UPHP and meets regularly with the UPHP Medical Director and staff to ensure that there is a clear understanding of the boundaries and to make sure that cases are assigned to the most appropriate treatment providers and are not bounced back and forth between the two systems. There is also a regular meeting between the CMHC Medical Directors, UPHP Medical Director, NorthCare Medical Director and MGH Medical Director to discuss collaboration between their respective entities.