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Owner Marlena Hampton: UM Administrator
Policy Area Utilization Management
References 42 CFR §438.210(c)
42 CFR §438.404(b)(1-6), NCQA CC3 Element C

Benefit Policy

POLICY

It shall be the policy of the Detroit Wayne Integrated Health Network (DWIHN) that the Benefit Plan (BP) be consistent with the Michigan Department of Health and Human Services (MDHHS) Community Mental Health Services, Program, federal waivers, contracts, policy guidelines, and technical advisories.

As the Pre-Paid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) for the Detroit and Wayne County service area, DWIHN is establishing the overall eligibility/admission criteria and covered services to be contained within the BP. All persons entering the public mental health system, including those who are uninsured or under insured, shall meet the clinical admission criteria specified herein for the respective benefit plan.

PURPOSE

The purpose of this policy is to provide procedural and operational guidance to Detroit Wayne Integrated Health Network (DWIHN), Access Center, Crisis Service Vendor, and Providers to develop and implement consistent access to DWIHN's BP. Additionally, the policy delineates and describes the eligibility/admission criteria and covered services contained in DWIHN's BP.

APPLICATION

- ~~The following groups are required to implement and adhere to this policy: DWIHN staff, Contractual staff, Access Center staff, and Crisis Service Vendor staff.~~

- ~~2. This policy serves all populations: Adults with Serious Mental Illness (SMI), Mild to Moderate (MI) members enrolled in MI Health Link, Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and Persons with Substance Use Disorders (SUD).~~
- ~~3. This policy impacts the following **contracts/service lines**: All funding streams and waiver programs such as MI Health Link, SUD, Autism Spectrum Disorder and Medicaid.~~
1. The following groups are required to implement and adhere to this policy:
 - a. DWIHN Board.
 - b. DWIHN Staff including the following
 1. DWIHN PIHP Staff
 2. DWIHN Community Care Clinic Staff (Direct Care Staff)
 3. DWIHN Community Care Clinic Staff (**DWIHN staff operating as a CCBHC**)
 4. DWIHN Crisis Care Center Staff
 5. DWIHN Mobile Crisis Staff
 - c. Contractual Staff
 - d. Clinically Responsible Service Provider (CRSP) and their subcontractors
 - e. Specialty Providers
 - f. Crisis Services Vendors
 - g. Certified Community Behavioral Health Clinic (CCBHC)
 - h. Designated Collaborating Organizations (DCO)
2. This policy serves the following populations:
 - a. Adults
 - b. Children
 - c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
 - d. Serious Mental Illness (SMI).
 - e. Serious Emotional Disturbance (SED).
 - f. Substance Use Disorder (SUD)
 - g. Autism
 - h. Mild/Moderate levels of care
3. This policy impacts the following **contracts/service lines**:
 - a. Autism
 - b. Certified Behavioral Health Clinics
 - c. General Fund
 - d. Grants
 - e. MI-HEALTH LINK

f. [Medicaid](#)

g. [SUD](#)

KEY WORD

1. Benefit Plan Service
2. General Fund
3. Health Michigan Plan
4. Intellectual/Developmental Disabilities (I/DD)
5. Serious Emotional Disturbance (SED)
6. Serious Mental Illness (SMI)

STANDARDS

1. GENERAL

- a. The Benefit Plan provides coverage for behavioral health care treatment for persons with serious mental illness (SMI), serious emotional disturbance (SED), intellectual and developmental disabilities (I-DD), substance use disorders (SUD) and co-occurring disorders. The Benefit Plan is implemented by DWIHN as described in this policy. The Benefit Grid is updated throughout the year.
- b. Benefits are consistently administered according to the individual's insurance plan based on benefits covered under that plan (see benefit plan grid attached).
- c. The Mental Health Parity and Addiction Equity Act (MHPAEA) requires most Medicaid and Children's Health Insurance Plan (CHIP) Health Plans to apply the same rules to mental health and substance abuse disorder services as they do for coverage for physical health services.

2. BENEFIT PLAN SERVICE (*HSAG Standard VI, Elements 1,3 a&b*)

- a. The individual has a mental health diagnosis and is considered SMI, SED, or I-DD and/or one of these conditions may occur concomitantly with a co-morbid condition of SUD. (Note: The current edition of the DSM must be used to determine the diagnostic impression).
- b. The person's request for BP services meets DWIHN's medical necessity criteria for that particular service and the benefit is within the enrollee/member's benefit plan.
- c. The service is based on an individualized determination of need and is attached to a goal or objective in the Individual Plan of Service (IPOS).
- d. The service is cost effective.
- e. Mental Health and Intellectual Developmental Disability services and supports are:
 1. Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder, and /or
 2. Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or

3. Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, a developmental disability or substance use disorder, and/or
4. Expected to arrest or delay the progression of a mental illness (includes emotional disturbance, developmental disability or substance use disorder), and/or
5. Designed to assist the beneficiary in attaining or maintaining a sufficient level of functioning in order to achieve goals of community inclusion and participation, independence, recovery or productivity,
6. BP Services will only be provided to an individual who meets all of the following criteria:
 - i. The person is currently or has recently been (within the last twelve (12) months) seriously mentally ill, seriously emotionally disturbed, developmentally disabled, or
 - ii. The person has a substantial impairment in the ability to perform daily living activities (or for minors, substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills),
 - iii. Current clinical residual symptoms and impairments exist, and
 - iv. Require specialized services and supports to address residual symptomatology and/or functional impairments promote recovery and/or prevent relapse,
 - v. Can reasonably be expected to achieve the intended purpose (i.e. improvement in the person's condition) due to specialty treatment.

3. BEHAVIORAL HEALTH SERVICES FOR UNINSURED OR UNDERINSURED INDIVIDUALS (NCQA CC 3, Element C)

- a. New Uninsured Consumers
For the purpose of this policy, new uninsured consumers include adults with serious mental illness (SMI), children with serious emotional disturbances (SED), children and adults with intellectual and developmental disabilities (IDD) and consumers with co-occurring disorders who are deemed eligible through DWIHN's Access Center and have no form of insurance.
- b. Existing Consumers
For the purpose of this policy, existing uninsured consumers are adults with serious mental illness (SMI), children with serious emotional disturbances (SED), children and adults with intellectual and developmental disabilities (IDD) and consumers with co-occurring disorders and have no insurance.
- c. New or existing consumers without health care benefits automatically default into the DWIHN information system as "General Fund". However, that designation alone does not qualify the consumer for actual General Fund dollar coverage of services.

1. General Fund Exception is the process, designed to prevent the

interruption of needed services while the insurance acquisition/ reinstatement effort is underway. In order for a consumer to be considered for General Fund Exception to cover the cost of services, the CRSP must first confirm the insurance status, then electronically complete and submit the "~~Requests~~Request for General Fund Exception".

2. The General Fund Exception benefit does not apply to new or existing consumers on Medicaid ~~spend-down or consumers receiving services through ABA~~Spend Down.
- d. DWIHN expects the consumer/responsible family members/guardian to inform the provider immediately when there is a change in or a lapse of insurance coverage, the reasons and the efforts that have been made towards remedying the lack of insurance situation coverage.
- e. DWIHN expects providers to:
 1. Make reasonable efforts to systematically verify each consumer's insurance status by electronically viewing "Eligibility/Insurance" in the consumer's ~~DHWIN~~MHWIN chart.
 2. Pursue correction of discrepancies between insurance eligibility and the designated ~~payor~~payer source in MHWIN.
 3. Advise the responsible party of their responsibility to acquire and maintain active health insurance through MDHHS, by complying with the initial and renewal application process.
 4. Include insurance in the ~~"~~"Supports for Well-Being and Safety~~"~~" section of the IPOS.
- f. For guidance on submitting General Fund Exception requests, please refer to the UM Provider Procedures for Prior Authorized Behavioral Health Services included as an attachment below.

4. CARE TRANSITIONS (NCQA CC 3, Element C)

- a. For members with SUD, who exhaust their benefits, Public Act 2 funds and Block Grant monies are utilized by contacting the Director of Substance Use Initiatives.
- b. For children with SED, if the covered benefits are exhausted while a member continues to need care, the child will continue to receive medically necessary supports and services through General Funds but notification of the type(s) of service(s) and amounts are required.
- c. Cornerstone is a transitional youth program for children 15-21 years old. This transitional youth program is specifically for youth with a history of mental health treatment that have a desire to work toward independence and acquire necessary skills for an equipped transition into adulthood. These skills are shared and demonstrated through group meetings on a weekly basis with the support of trained clinicians and a youth advocate who serve as group facilitators. Each individual serving as facilitators are trained in the Transition to Independence Process (TIP) model. TIP is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth with emotional/

behavioral difficulties. Cornerstone utilizes a modified version of the TIP model. (see attachment)

- d. Every agency that provides children mental health services will have an internal policy or process that details a warm transfer from children to adult services. If agencies do not provide adult services, they should create a referral partnership with an in-network adult service provider. Refer to Children - Adult Transition Procedure.
- e. ~~Every agency that provides 18-21 years old receiving children mental health services will have an internal policy or process that details a warm transfer from children to adult services. If agencies do not provide adult services, they should create a referral partnership with an in-network adult service provider.~~ based on medical necessity and EPSDT eligibility (see attachment) require:
 1. ~~As young adults near their 18th birthday, the following (minimum) transitional assessment should be done by the CMH service provider:~~
 - i. ~~Reassessment of diagnosis/ symptomatology;~~
 - ii. ~~Determination of service eligibility in children or adult services based on medical necessity;~~
 - iii. ~~If applicable, warm transfer plan to adult services or a primary care provider for medication management;~~
 - iv. ~~Assessment and transition planning with other agency involvement;~~
 - v. ~~Preparation of Medicaid switch at 18 years old;~~
 - vi. ~~Assessment for early and periodic screening, diagnosis and treatment (EPSDT) service eligibility.~~
 2. ~~18-21 years old receiving children services based on medical necessity and EPSDT eligibility (see attachment) require:~~
 - i. ~~A Child and Adolescent Functional Assessment Scale (CAFAS) every ninety (90) days);~~
 - ii. ~~Documenting of Medical Necessity of services in case file by clinician;~~
 - iii. ~~Submission of identification documentation for transitional age youth service enrollment to Access Center;~~
 - iv. ~~Review of adult confidentiality protocol with consumer and all family members that have participated in treatment prior to 18th birthday~~
 - v. ~~A Level of Care Utilization System (LOCUS) Assessment.~~
 3. A Child and Adolescent Functional Assessment Scale (CAFAS) every ninety (90) days);
 4. Documenting of Medical Necessity of services in case file by clinician;
 5. Submission of identification documentation for transitional age youth service enrollment to Access Center;

6. [Review of adult confidentiality protocol with consumer and all family members that have participated in treatment prior to 18th birthday](#)

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of service providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Access Center staff, Crisis Service Vendor staff, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

The Affordable Care Act expanded the application of the Federal parity protections under MHPAEA. Additionally, for the new adult population added by the Affordable Care Act, the alternate benefit plan (ABP) provides basic coverage. These are modeled after certain benchmark coverage options, but include Essential Health Benefits and, for children under age 21, comprehensive early and periodic screening, diagnostic and treatment (EPSDT).

LEGAL AUTHORITY

1. Current MDHHS and DWIHN Contract
2. Current Agreement - MDHHS/CMHSP Managed Specialty Supports and Services Contract and Attachment C4.7.4 Technical Advisory: 1) Medicaid Eligibility Criteria for Children with Serious Emotional Disturbance for Specialty Mental Health Services; and 2) Establishing General Fund Priority for Mental Health Services for Children with Serious Emotional Disturbance.
3. Michigan Mental Health Code – (Act 258 of the Public Acts of 1974 as amended) in Chapter 2: County Community Mental Health Programs.
4. TITLE 42--Public Health: Chapter IV--Centers for Medicare & Medicaid Services, Department of Health and Human Services in Sub-chapter C--Medical Assistance Programs: Part 438--Managed care - Sub-part A--General Provisions.
5. Current edition of the Medicaid Provider Manual
6. Contract between United States Department of Health and Human Services, Center for Medicare & Medicaid Services in Partnership with the State of Michigan and the Integrated Care Organizations, January 1, 2022 (The Three Way Contract).

RELATED POLICIES

1. Behavioral Health Utilization Management Review Policy
2. Behavior Health Service Medical Necessity Criteria Policy

3. [CHILDREN DIAGNOSTIC TREATMENT SERVICES PROGRAM](#)
4. [DWIHN Residential Services Referral Procedure](#)
5. Eligibility and Screening Policy
6. UM Process for Environmental ~~Modiftioicans~~ [Modifications](#)

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments

[Children - Adult transition procedure Dec 2023.docx](#)

[DWIHN MASTER SUG LIST UPDATED 9-22-23.xlsx](#)

[GF Medication Only Exception Request.doc](#)

Approval Signatures

Step Description	Approver	Date
Stakeholder Feedback	Allison Smith: Project Manager	Pending
Compliance/Administrative Review	Yolanda Turner: VP of Legal Affairs	07/2024
Compliance/Administrative Review	Tiffany Devon: Director of Communications	05/2024
Compliance/Administrative Review	Sheree Jackson: Vice President of Compliance	05/2024
Compliance/Administrative Review	Manny Singla: Executive VP of Operations	05/2024
Compliance/Administrative Review	Stacie Durant: VP of Finance	05/2024
Clinical Review Committee	Judy Davis: Director of Substance Abuse Disorders	05/2024

Clinical Review Committee	Shama Faheem: Chief Medical Officer	05/2024
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	05/2024
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	05/2024
Clinical Review Committee	Cassandra Phipps: Director of Children's Initiatives	05/2024
Clinical Review Committee	Daniel West: Director of Crisis Services	05/2024
Clinical Review Committee	Ryan Morgan: Director of Residential Services	04/2024
Clinical Review Committee	Ebony Reynolds: Vice President of Direct Clinical Services	04/2024
Clinical Review Committee	April Siebert: Director of Quality Improvement	04/2024
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	04/2024
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	04/2024
NCQA Committee	Tania Greason: Quality Administrator	04/2024
NCQA Committee	Shana Norfolk: Strategic Planning Administrator	04/2024
NCQA Committee	Allison Smith: Project Manager	04/2024
NCQA Committee	Maria Stanfield: Director of Strategic Operations	04/2024
Unit Approval	Leigh Wayna: Director of Utilization Management	04/2024