



# Wellplace

1333 Brewery Park Blvd., Suite 140, Detroit, M 48207



<b>Standards:</b> CARF: 2H1, 2H2, 2H3, 2H4, 2H5	<b>Revision Date:</b> 4/26/11; 12/9/2012; 1/30/13, 1/9/14, 10/21/2014, 10/23/2015, 08/17/2016; 8/15/17	<b>Page:</b> 1 of 3
<b>Chapter:</b> VIII. Utilization Management	<b>Subject:</b> B. Utilization Management for Clinical Screens	

## **I. POLICY:**

It is the policy of Wellplace to ensure that the Access Center Clinicians are complete the Clinical Screens accurately, thoroughly and utilize sound clinical judgment to evaluate for medical necessity.

## **II. PURPOSE:**

The purpose of this policy is to outline the process for peer and supervisory review of the clinical screens completed by the Access Center Clinicians.

## **III. APPLICATION:**

This policy applies to the Access Center Clinician(s), Clinical Services Manager, Quality Coordinator, Chief Operating Officer

## **IV. DEFINITIONS:**

*None*

## **V. PROCEDURES:**

There are 2 types of utilization reviews that are conducted on the clinical screenings on a monthly basis. The Peer Review audits will be conducted using the Wellplace Clinical Screening Audit Tool. The DWMHA Required Utilization Management audits will be conducted using the DWMHA Access Center Eligibility Review Tool.

### **Wellplace Peer Review Audits**

1. Clinical Screening Records will be reviewed on a monthly basis utilizing the Clinical Screening Audit Tool. The Wellplace Clinical Screening Audit Tool addresses all areas of the clinical screen to ensure accuracy and quality of the screens. All screens will be audited to ensure that diagnostic summary as well as the clinical screen is congruent with diagnosis and screening indicators and criteria.
2. Based on the average amount of clinical screens completed each month, at minimum 2 screens per Access Center Clinician will be reviewed monthly. Contingent Access Center Clinicians will have at minimum 2 of their screens reviewed quarterly.
3. When screening records are selected for review the person responsible for providing the screening shall not be solely responsible for the selection of his/her records to be reviewed and shall not be a reviewer of his/her own records.
4. The reviews of the Clinical Screens shall be completed by each staff as a peer review function. All Access Center staff who complete reviews of Clinical Screens are licensed Master's Level Clinicians. When Access Center Clinicians complete utilization reviews, they will be completing peer reviews and are not



# Wellplace

1333 Brewery Park Blvd., Suite 140, Detroit, M 48207



<b>Standards:</b> CARF: 2H1, 2H2, 2H3, 2H4, 2H5	<b>Revision Date:</b> 4/26/11; 12/9/2012; 1/30/13, 1/9/14, 10/21/2014, 10/23/2015, 08/17/2016; 8/15/17	<b>Page:</b> 2 of 3
<b>Chapter:</b> VIII. Utilization Management	<b>Subject:</b> B. Utilization Management for Clinical Screens	

reviewing any screens they completed themselves.

5. All Staff Peer Review tools are completed via the Survey Monkey Peer review tool monthly to complete the reviews.
6. Peer Review results are then viewed and shared with the Clinical Services staff individually by the Clinical Services Manager.
7. Performance issues are addressed by the Clinical Service Manager in monthly supervision or earlier.
8. Should an identified consistent pattern of non-compliance demonstrated by the Clinical staff exist, the Clinical Service Manager shall develop a Plan of Correction with the employee in question to rectify the problem.
9. Performance data is incorporated into ongoing staff training and development.
10. The Quality Specialist collects and aggregates peer review data monthly to identify trends and track overall performance. Results are reviewed monthly and included in the semi-annual Quality Performance report.
11. All Clinical Service UM results are reviewed in the Quality Improvement/Utilization Management Oversight Committee Meeting as scheduled by the Quality Department to identify trends and identify areas for improvement.

### **Agency Required Utilization Management Reviews**

1. A selected number of clinical screens will be reviewed on a monthly basis using the DWMHA Prior Authorized Service Eligibility Tool. The tool addresses specific areas of the clinical screening to ensure that all sections were completed and the consumer was provided with the appropriate information at the end of the screening. The reviews will be completed by the Clinical Services Manager or designated Access Center Clinicians.
2. The screens selected for review monthly, will include: 10 screens for Applicants who were denied between the ages of 7 and 64; 10 screens for Applicants who were approved for services, and all screens for applicants who were denied and over the age of 65.
3. The completed tools will be submitted to the Clinical Services Manager who will review and sign all tools. Additionally, the Clinical Services Manager will enter all information into the DWMHA Prior Authorized Service Eligibility Review Tracking Log on a monthly basis.
4. On a quarterly basis, by the 15<sup>th</sup> day of the month following the end of the quarter, the Clinical Services Manager will forward the DWMHA Prior Authorized Service Eligibility Review Tracking Log to the designated DWMHA Utilization Management staff person.



# Wellplace

1333 Brewery Park Blvd., Suite 140, Detroit, M 48207



<b>Standards:</b> CARF: 2H1, 2H2, 2H3, 2H4, 2H5	<b>Revision Date:</b> 4/26/11; 12/9/2012; 1/30/13, 1/9/14, 10/21/2014, 10/23/2015, 08/17/2016; 8/15/17	<b>Page:</b> 3 of 3
<b>Chapter:</b> VIII. Utilization Management	<b>Subject:</b> B. Utilization Management for Clinical Screens	

5. The Clinical Services Manager will review the results with the individual Access Center Clinicians during monthly supervision. The Clinical Services Manager will provide any ongoing supervision/training for the Access Center Clinicians as identified.
6. The Clinical Services Manager will discuss any trends and areas of improvement in the monthly Utilization Management Meetings with the Access Center Management Team.

## **VI. QUALITY ASSURANCE:**

The Wellplace Quality Improvement Committee shall monitor adherence to the policy as one element of its overall quality processes. The Wellplace Policy and Procedure Manual is reviewed and revised on an annual basis and is approved annually by the Wellplace Board of Managers. When applicable, the Wellplace subcontractor to whom this policy is applicable shall monitor adherence to this policy as part of a program of ongoing quality management.

## **VII. COMPLIANCE WITH ALL APPLICABLE LAWS:**

Wellplace and its subcontractors are bound by all applicable federal, state, and county laws, rules, regulations, policies, and guidelines.

## **VIII. REFERENCES**

*None*

## **IX. EXHIBITS:**

1. Clinical Screen Audit Tool
2. DWMHA Access Center Eligibility Review Tool