Wellplace, Michigan

Utilization Management Plan

FY 2016-2018

Wellplace, Michigan

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SECTION I: OVERVIEW OF THE UTILIZATION MANAGEMENT PROGRAM

I. Introduction

Wellplace, Michigan has been contracted by the Detroit Wayne Mental Health Authority (DWMHA) to serve as DWMHA's contractually designated Access Center. The Detroit Wayne Mental Health Authority has delegated administrative and clinical functions to Wellplace that ensure appropriate screening for individual need identification, provide eligibility determination, coordinates efficient entry into the public mental health treatment system and navigation to additional services.

As part of its administrative support function to the Access Center, DWMHA is requiring that Wellplace has an established internal Utilization Management plan with an emphasis on continual quality improvement. Wellplace shall work to increase the efficiency of services by establishing UM functions in each program in order to reduce or eliminate consumer care related problems and increase quality of care throughout the system. It is the responsibility of Wellplace to ensure that the UM Plan meets applicable federal and state laws, contractual requirements and regulatory agency standards which includes but is not limited to:

- The Center for Medicare and Medicaid Services, 42 CFR 438.210
- The External Quality Review Corrective Action Plan, Standard 5, Utilization Management
- The DHHS-PIHP Contract, Section 6.8, Service and Utilization Management
- The DHHS-PIHP Contract, Attachment P.6.7.1.1
- Substance Abuse and Mental Health Service Administration (SAMSHA) Guidelines
- DHHS Medicaid Manual, Chapter 3
- Comprehensive, Continuous Integrated System of Care Model
- Recovery Oriented Systems of Care

Therefore, the Wellplace UM Plan details the structure, scope, activities and functions of the Wellplace overall Utilization Management Plan.

II. Mission:

The mission of Wellplace is to provide compassionate and comprehensive screening, support, crisis and referral services to the communities we serve. Our vision is to connect people to the resources they need to live fulfilling lives in recovery from behavioral, intellectual, substance use and co-occurring conditions. To accomplish our mission, Wellplace focuses on five values, which emphasize our ongoing commitment to quality assurance, professional ethics, integrity, and industry leadership. These values are as follows:

1. Quality of Consumer Relationships - With a knowledgeable and trained staff, we provide the highest quality of care to our customers. We respond to our customers, contractors and sub-contractors needs and are understanding of their concerns.

2. Company Responsibility - We conduct all aspects of our business by adhering to the highest personal and professional ethics, with our cornerstones being honesty, integrity, and trust.

3. Workforce Competency - We recruit, train, and develop talented, motivated, and goal-oriented individuals. We communicate with one another in an open, honest and respectful manner, welcoming the individuality of our peers and embracing our common goals.

4. Industry Leadership - We strive to become leaders in the behavioral health care industry through strategic expansion under our direct relationship with our corporate offices, superior clinical care, and recognition in the communities we serve.

5. Outcome Oriented - We demonstrate to our stakeholders, customers, contractors and sub-contractors that we are committed to positive outcomes, by striving to excel in our financial and operational performance.

All members of the Wellplace team are committed to upholding the Mission and Values.

III. Wellplace Utilization Management Plan Purpose:

The purpose of the Wellplace Utilization Management Plan (UM Plan) is to:

- Support the Utilization Management activities during the Fiscal Years of 2016- 2017.
- Assure that Wellplace performs UM functions that are sufficient to control costs, minimize risk and maximize benefit while assuring quality care.
- Assure UM functions are timely, efficient, and consistent with standardized guidelines to increase the likelihood that services for categorically needy individuals are available in appropriate amount, duration, and scope.
- Ensure compliance to state and federal laws as well as regulatory and accreditation standards.
- Ensure uses of clinical practice protocols and best practices to improve process and reduce variation in practice.

The UM Plan includes methods for managing care to consumers, managing methods of service delivery and ensuring there are effective tools for program delivery.

IV. Wellplace Scope:

The Wellplace UM Plan has been developed to achieve efficiency in management of the aspects of clinical care and non-clinical services provided that can be expected to affect consumer health status and quality of life through the Detroit-Wayne Mental Health system. Wellplace assures that all demographic groups, care settings and types of services are included in the scope of the UM Plan. The UM Plan covers all of the services provided by Wellplace. This includes:

1. Customer Service Services
2. Clinical Screening Services
3. Substance Use Services
4. Information and Referral Services
5. Crisis Intervention Services
6. Appointment Setting Services
7. Credentialing for Non-Accredited and MI Health Link Service Providers
8. Credentialing Verification for Accredited Service Providers
9. All portions of the contract that provide services to the following populations:
   a. Adults with mental illness
   b. Children and adolescents with severe emotional disturbance
   c. Adults and children with intellectual and developmental disabilities
   d. Individuals with substance use and co-occurring disorders
10. All contracts that provide credentialing services to Child Mental Health Professionals (CMHP), Qualified Mental Health Professionals (QMHP), Qualified Intellectual Disability Professionals (QIDP), Qualified Behavioral Health Professional (QBHP), and Substance Abuse Treatment Specialist (SATS) in the following organizations:
    a. DWMHA
    b. Subcontractors of DWMHA, including the Managers of Comprehensive Provider Networks (MCPN) and their direct contractors.
11. All other important aspects of care and service at the discretion of Wellplace and/or required by DWMHA.

V. Wellplace Utilization Management Program Goals:

The Wellplace Utilization Management Program Goals are to ensure that:

a. Review decisions are conducted under the supervision of a qualified medical professional and decisions that reduce, terminate, suspend or deny eligibility for and access to services are made by behavioral health care professionals who have the appropriate clinical expertise to treat the conditions.

b. The program director as the designated behavioral healthcare practitioner provides effective oversight and implementation of the behavioral healthcare aspects of the program.

c. Efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate.

d. The reasons for decisions are clearly documented and available to the enrollee/member.

e. There are well-publicized and readily-available appeals or alternative dispute resolution mechanisms for both providers and enrollees/members and that providers and enrollees/members are made aware of the measures in accordance with this policy.

f. Decisions to reduce, terminate, suspend or deny eligibility for and access to services are made in a timely manner as required by the exigencies of the situation.

g. There are mechanisms to evaluate the effects of the program using data on member satisfaction, provider satisfaction or other appropriate measures.

VI. Recovery Oriented Systems of Care (ROSC)

The Substance Abuse and Mental Health Services Administration (SAMHSA) conceptual framework for Recovery Oriented Systems of Care includes ensuring that the individual is at the center of care and is supported primarily by and in the context of his or her family and community, followed by needed services and supports and coordinated systems that result in positive outcomes for the consumer. Recovery oriented care is primarily person centered, self-directed and empowerment focused for all consumers.

1. The Wellplace Utilization Management Plan integrates the ROSC model into its plan in several key areas.

2. Wellplace employs peer support specialists to participate in conducting satisfaction surveys and quality review of phone based services as outlined in this plan. This approach ensures a consumer focused approach that allows opportunities for honest input into areas of improvement needed.

3. Wellplace ensures that all staff are trained in the recovery model on bi-annual basis and monitors person centered care through phone monitoring process and documented individual supervision focused specifically in this area.

4. Wellplace ensures that callers are provided with appropriate referrals, recommendations and service options based on individual need and preferences in order to enhance self-determination and community connections.

5. Wellplace, through its customer service department ensures that information and referral services are provided to all callers as needed in order to access additional services, supports and systems essential to recovery.

6. Wellplace staff receive training in motivational interviewing skills to engage callers in recovery enhancing conversations and promotes resilience. Wellplace monitors through its processes that

transportation and other barriers to supports are addressed with callers in order to improve the ability to receive needed service.

7. Wellplace is available on a 24/7 basis, and is immediately accessible across the local service area regardless of where the person contacts or enters the public mental health system. The toll free number is 800-241-4949.

8. All persons contacting Wellplace are made to feel welcome regardless of how they contact us and are treated with dignity and respect. Operating under the "no wrong door" philosophy, persons are screened for eligibility, coverage determination and referred for services and supports regardless of where they make contact.

9. All persons contacting Wellplace are treated with individualized, person centered care and are given access to needed services and supports designed to achieve their desired outcomes.

10. All persons are empowered to exercise informed choice.

11. All services provided by Wellplace are individual and family-centered.

12. Wellplace is designed to foster engagement and supports recovery, resiliency and self-determination.

SECTION II: ORGANIZATIONAL STRUCTURE, ACCOUNTABILITY & DELEGATION

Utilization Management Organizational Structure and Authority

I. Board of Managers

The Wellplace Board of Managers is charged with oversight to ensure that care and services are provided to individuals in an effective and efficient manner. The Board of Managers' role is to monitor, evaluate and establish policies to make improvements to care. The Board of Managers also provides oversight and makes recommendations regarding the operations of the Utilization Management Program. The Chief Executive Officer is a member of the Board of Managers.

The Board of Managers provides oversight to the Clinical Care and Utilization Committee and Access Center Program Director. Wellplace has a designated senior behavioral health professional responsible for program implementation, administration, evaluation and outcomes. The Chief Operating Officer has overall responsibility for implementation of the UM Plan through clear and appropriate administrative arrangements. The Chief Operating Officer reports to the Chief Executive Officer and is a member of the Clinical Care and Utilization Committee. The Access Center Program Director is a member of the Wellplace Management Team. The Utilization Management Plan is annually reviewed and revised by the Clinical Care and Utilization Committee. The Utilization Management Plan is annually approved by the Board of Managers.

II. Clinical Care and Utilization Management Committee

The Clinical Care and Utilization Management Committee is a multi-disciplinary team compiled of the Medical Director (ad hoc), Chief Operating Officer, Director of Quality Assurance, Quality Coordinator, Clinical Service Manager, Customer Service Manager, and Substance Use Manager. Others may be invited for specific projects and or issues to service on an as needed basis. The CC and UM Committee meets on a monthly basis. Meeting minutes are maintained and distributed to the Wellplace Management team.

The Clinical Care and Utilization Committee puts the utilization management functions into practice and is responsible for disseminating information regarding utilization management issues, changes, trends and ways

for Wellplace to be proactive as consumer needs and regulatory Wellplace requirements change. The Clinical Care and Utilization Committee compiles reports for analysis of utilization patterns and assures consistent application of eligibility criteria and service provisions. DWMHA's benefit plan and assessment tools are vital to the success of the Wellplace utilization management system. The Clinical Care and Utilization Committee has direct oversight and responsibility for monitoring the Wellplace internal utilization management and network utilization management functions, including:

1. Review and follow-up of medical necessity, criteria used, information sources and the process used to review and approve eligibility services, including:
    a. Supervisory reviews of clinical screenings, enrollment authorizations and denials.
    b. Peer-to-Peer reviews of clinical screenings, enrollment authorizations and denials.
    c. Annual reviews of clinical screening materials to evaluate effectiveness.
    d. Annual access to care reviews. (Annual Report)
    e. Continuous reviews of program over-utilization or program under-utilization.
2. Ensure that :
    a. Review decisions are conducted under the supervision of a qualified medical professional and that decisions to reduce, terminate, suspend or deny eligibility of care are made by behavioral health care professionals who have the appropriate clinical expertise to treat the conditions.
    b. Efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate.
    c. The reasons for decisions are clearly documented and appeals are available to the member.
    d. There are well-publicized and readily-available appeals mechanisms for both providers and enrollees/members and that written notification of a denial includes a description of how to file an appeal or local dispute resolution and is sent to the enrollee/member..
    e. Decisions to reduce, terminate, suspend or deny eligibility for and access to care are made in a timely manner as required by the exigencies of the situation.
    f. There are mechanisms to evaluate the effects of the program using data on member satisfaction, provider satisfaction or other appropriate measures.
3. Review and follow-up of sentinel events occurs as follows:
    a. All sentinel events are reviewed and acted upon in accordance with the Wellplace Sentinel Event Policy and Procedure.
    b. Staff involved in the Sentinel Event review process have appropriate credentials and are behavioral health professionals in order to review the scope of care.

4. The Clinical Care and Utilization Management Committee reviews the UM plan at least annually and makes recommendations and revisions as necessary.

III. Responsibilities:

It shall be the responsibility of the Wellplace Clinical Care and Utilization Committee to:

1. Outline and delineate measures to ensure that individuals are assessed and provided access to reasonable and available resources in the community that align with the designated benefit plan based upon funding source and identified assessments.

2. Develop, modify and monitor UM policies.

3. Monitor clinical management criteria, assessments, screening tools, and benefit plan management.

4. . **Should delete. Wellplace does not conduct clinical reviews?**

5. Adopt, disseminate and monitor the application of assessments, screening tools, contract guidelines, coordination of care, and to organize trainings for staff to ensure consistent application.

6. Ensure grievance, appeals and local dispute reviews management, coordination and notification, and communication with enrollees/members regarding UM decisions, including notice of action, rights to second opinions and grievance, appeals decisions are conducted in accordance with policy.

7. It is the responsibility of Wellplace to ensure that the UM Plan meets applicable federal and state laws, contractual requirements and regulatory DWMHA standards.

III. UM Staff Member Assigned Activities and Professional Qualifications:

1. **Medical Director** – This individual will have ultimate responsibility for all clinical practices, policies, and procedures, quality management, and utilization management activities. This individual must meet all the following requirements:
   - Board certified psychiatrist licensed as a physician with the State of Michigan.
   - Minimum of 5 years of experience in both mental health and substance abuse.
   - Possess a current DEA registration and current Michigan controlled substance license.

2. **Medical Consultant -** are specialty providers who may be used for denial reviews, credentialing board decision-making, utilization review decision-making, attendance and participation in committee meetings and utilization review discussions with other practitioners.
   - Board certified in adult psychiatry and licensed as a physician with the State of Michigan
   - Board certified in child/adolescent psychiatry and licensed as a physician with the State of Michigan.

3. **Chief Operating Officer/Program Director** – designated to lead the startup of any expanded initiatives of the Access Center to provide continued administrative and operational oversight.
   - Master's Degree in Psychology, Social Work, Counseling or Psychiatric Nursing
   - Full License in one of the following disciplines: LLP/LP, LPC, LMSW, NP/RN
   - Credentialed by DWMHA to work with the following populations: SED, DD, MI, ED, and SUD. (This process may occur once hired, as long as the individual possesses the necessary degree/license and only needs to complete required training for credentialing. Training and

submission for credentials must be completed within 90 days of hire).
- Must be able to successfully pass a proficiency test to assess clinical and writing skills.
- 3 years of work experience in Supervision, Management or Administration with 2 years of experience in Project Management and experience with new Project Implementation.

4. **Quality Director -** This individual must meet the following requirements:
   - Master's Degree in Psychology, Social Work, Counseling or Psychiatric Nursing
   - Full License in one of the following disciplines: LLP/LP, LPC, LMSW, NP/RN
   - Credentialed by DWMHA to work with the following populations: SED, DD, MI, ED, and SUD. (This process may occur once hired, as long as the individual possesses the necessary degree/license and only needs to complete required training for credentialing. Training and submission for credentials must be completed within 90 days of hire).
   - 5 years post-master's work experience in mental health and substance abuse services with clinical experience with all target populations (SMI, SED, DD, SUD).
   - 3 years of work experience in Supervision, Management or Administration and/or 3 years work experience in Utilization Management.

5. **Clinical Services Manager -** This individual must meet the following requirements:
   - Master's Degree in Psychology, Social Work, Counseling or Psychiatric Nursing
   - Full License in one of the following disciplines: LLP/LP, LPC, LMSW, NP/RN
   - Credentialed by DWMHA to work with the following populations: SED, DD, MI, ED, and SUD. (This process may occur once hired, as long as the individual possesses the necessary degree/license and only needs to complete required training for credentialing. Training and submission for credentials must be completed within 90 days of hire).
   - 5 years post-master's work experience in mental health and substance abuse services with clinical experience with all target populations (SMI, SED, DD, SUD).
   - 3 years of work experience in Supervision, Management or Administration and/or 3 years work experience in Utilization Management.

6. **Substance Use Manager -** This individual must meet the following requirements:
   - Bachelor's Degree in Human Services with 3 years of experience working in a human services organization.
   - Must possess their Certified Alcohol and Drug Counselor (CADC) or Certified Advanced Alcohol and Drug Counselor (CAADC) certification and/or staff development plan. This plan must be an active plan and is no more than 3 years in duration.
   - Must possess the Fundamentals Substance Abuse Counseling (FSAC) or Fundamentals Alcohol other Drug Problems (FAODP) or Michigan Addiction Fundamentals Exam (MAFE) requirement.

7. **Customer Service Manager -** This individual must meet the following requirements:
   - Bachelor's Degree in a Human Services Field, LBSW is preferred but not required.
   - Minimum of 3 years work experience in Supervision, Management or Administration with 2 years of experience supervising/managing a call center.

8. **Clinician** – responsible for conducting the eligibility screenings for individuals with SMI, SED or I/DD by approving eligibility decisions and making recommendations to the Medical Consultant regarding denials of services. This individual must meet the following requirements:

- Master's Degree in Psychology, Social Work, Counseling or Psychiatric Nursing
- Full License in one of the following disciplines: LLP/LP, LPC, LMSW, NP/RN
- Credentialed by DWMHA to work with the following populations: SED, DD, MI, ED, and SUD. (This process may occur once hired, as long as the individual possesses the necessary degree/license and only needs to complete required training for credentialing. Training and submission for credentials must be completed within 90 days of hire).
- 5 years post-master's work experience in mental health and substance abuse services with clinical experience with all target populations (SMI, SED, DD, SUD).
- 3 years of work experience in Supervision, Management or Administration and/or 3 years work experience in Utilization Management.

9. Substance Use Specialist – responsible for conducting eligibility screenings and making level of care determinations for individuals seeking SUD services. This individual must meet the following requirements:
   - Bachelor's Degree in Human Services with 3 years of experience working in a human services organization.
   - Must possess their Certified Alcohol and Drug Counselor (CADC) or Certified Advanced Alcohol and Drug Counselor (CAADC) certification and/or staff development plan. This plan must be an active plan and is no more than 3 years in duration.
   - Must possess the Fundamentals Substance Abuse Counseling (FSAC) or Fundamentals Alcohol other Drug Problems (FAODP) or Michigan Addiction Fundamentals Exam (MAFE) requirement.

SECTION III: SERVICE AUTHORIZATION PROCEDURES

I. Access, Eligibility Determination and Availability of Services

Wellplace shall ensure that the DWMHA Access Center is available and accessible to the entire service area 24hours a day/7days a week by calling the toll free number 1-800-241-4949. The Access Center shall also be staffed with a sufficient number of qualified Customer Service Technicians, Master's level Clinicians, Bachelor's level Substance Use Specialists and administrative support staff to provide sufficient capacity to meet the access demands of the service area. Access Center Clinicians must also have current qualifications as documented in the Michigan Medicaid Manual; see attachment PIHP-CMSHP Provider Qualifications. The Access Center will operate with a "no-wrong door" philosophy regardless of where the individual contacts the public mental health system including individuals with co-occurring mental health and substance use disorders. The DWMHA Access Center's purpose is to link individuals with DWMHA's provider network via the designated MCPNs or DWMHA's direct contracted providers, by ensuring eligible persons are appropriately referred to a MCPN/Service Provider and linked with a provider for a face-to-face comprehensive intake assessment.

The Wellplace Customer Service Unit shall be staffed with trained Customer Service Specialists who will serve as the front door to the public mental health system and shall convey an atmosphere that is welcoming, helpful and informative. Customer Service Specialists are required to have achieved at least a Bachelor's degree in the human services field (LBSW preferred but not required) and must have at least three years of experience working in human services or one year of experience working in human services with an LBSW. The Customer Service Unit will answer all incoming calls into Wellplace including but not limited to crisis related calls, customer service calls and/or clinical screening calls. Staff are identified by name, title and organization when first answering all any call. Also before any caller is placed on hold, the Customer Service Specialist shall ascertain if the call is a crisis or is an emergency call and, if yes, shall immediately link the

person to a Crisis Counselor from the Protocol Crisis Line (ProtoCall is DWMHA's Designated Crisis Line Vendor). Customer Service Specialists shall be able to make an early determination about the severity/acuity of the call in order to appropriately triage calls and/or be able to quickly identify what the person or family is requesting. The Customer Service Unit is trained to also provide callers about information and referral services, and supports in Wayne County. The Customer Service Unit will also serve as the front door for all callers contacting the Access Center seeking community mental health and substance use services. The Customer Service Specialist will record the caller's demographic information in the electronic system (MH-WIN) along with screening the caller for initial eligibility by verifying that the individual is a resident of Wayne County. Once this information has been collected, the Customer Service Specialist will transfer the caller to an available clinician/substance use specialist to complete a telephonic screen that will determine eligibility for community mental health services. The Customer Service Manager is responsible for providing oversight and supervision of the customer service unit and all of the Customer Service Specialists.

Wellplace conducts a telephonic screening process for Detroit-Wayne County residents contacting the Access Center who are requesting mental health or substance use services or supports. Clinical and demographic information is secured in order to determine eligibility for services. Utilizing DWMHA's designated prompts, qualified professionals are able to assess the appropriate screening process required (telephonic or face-to-face depending on demographic criteria). The screening process is conducted by a qualified, credentialed and trained practitioner. If a telephonic screening process is deemed appropriate, the qualified professional continues with the screening process utilizing DWMHA's clinical screening tool that is populated in the MHWIN system. This tool also includes population specific tools to assist with the screening process.

In all cases of screenings, regardless of the population, the screening tools are intended as a guide and are not intended to be prescriptive for the exact level of care or service. The Access Center staff are highly trained and qualified to complete the screenings and utilize the tools, along with the information presented, and their clinical judgment in order to ensure that all persons are screened according to their needs and medical necessity. The Access Center shall refer eligible persons to a qualified provider within the public mental health and substance use disorder services and supports system. The intake appointment with the selected provider will be scheduled for the eligible person in real time at the conclusion of the telephonic screening process.

The DWMHA Access Center also provides Crisis Counseling and Information & Referral services. Access Center Customer Services Specialists are training to provide general information and referral services. DWMHA has contracted with ProtoCall Services to provide telephonic crisis counseling and suicide intervention to callers in need of that level of service. Callers that may contact the Access Center in crisis will be transferred by Wellplace to a ProtoCall Crisis Counselor who will help the caller stabilize their crisis situation. *The caller will not be placed on hold at any time during the call.* Once transferred to ProtoCall, the call may require crisis counseling over the phone up to contacting 911 for the caller and sending help to their current location. ProtoCall conducts follow up calls on these crisis situations if permitted by the caller. Any caller contacting the Access Center seeking information or a referral will be provided that information by the Customer Service Unit. The Customer Service Specialist uses the TIP Database and other referral resources to provide the caller with information and resources within their identified community to best meet the needs of the caller.

Wellplace also provides service for individuals in need of translation assistance as follows:

1. Whenever necessary, and if possible, the staff person shall utilize the caller's language to provide services to the caller, or shall seek to find another staff member that is available and able to communicate in the caller's language.

2. At times when the caller is an English speaking collateral communicator on behalf of a non-English speaking caller and Wellplace does not have a staff person who speaks the caller's language and, if the caller's collateral communicator is willing to translate for the caller, and if the caller has no objections due to privacy issues, the staff person shall proceed to provide the requested services to the caller through their collateral communicator.

3. Whenever presented with a call and a language barrier is identified and there is not an English speaking collateral identified on behalf of the caller, the Access Center employee shall utilize the Tele-language interpreter service to meet the needs of the caller.

4. A TTY Communication device is available to providers that are deaf or have limited hearing capabilities. The TTY number is 1-866-870-2599.

Notifications

At the conclusion of a screening call, within the documentation that is mailed to the individual and through posting on the Access Center website, Wellplace notifies the individual of the following:

For Individuals using Medicaid coverage including Healthy Michigan:

1. Informs the person of his/her recipient rights and complaint processes;
2. Informs the person of his/her rights regarding appeals;
3. Informs the person of his/her rights regarding grievances;
4. Informs the person of his/her right to request a second opinion on access denials; and
5. Provides written adequate notice to the individual which includes instructions on how to file a local appeal with DWMHA; and instructions on how to file a Medicaid Fair Hearing with the Department of Health and Human Services (MDHHS).

For Uninsured or Under Insured Individuals using General Fund :

1. Informs the person of his/her recipient rights and complaint processes;
2. Informs the person of his/her right to request a second opinion on access denials; and
3. Informs the person of the local dispute resolution process with DWMHA.

For Individuals using Medicare coverage:

1. Informs the person of his/her recipient rights and complaint processes;
2. Informs the person of his/her rights regarding appeals;
3. Informs the person of his/her rights regarding grievances;
4. Informs the person of his/her right to request a second opinion on access denials
5. Provides written adequate notice to the individual which includes instructions on how to file a local appeal with DWMHA.

II. Crisis Management 24/7

Wellplace maintains 24 hour / 7 day availability of qualified staff to assist in crisis situations and make appropriate referrals.

Callers who present in crisis at the time of the call to Wellplace will be provided with emergency and crisis services according to the following protocols to assist in alleviating the crisis and ensuring the safety of all persons involved

1. The Customer Service Specialist shall answer all calls into the Access Center following the Opening Answer Script (see Opening Answer Script Policy) and inquire initially if the call is of a crisis nature.

2. If the caller reports that the call is an emergency or a crisis the Customer Service Specialist will collect the required demographic information and immediately complete a warm transfer to a Crisis Counselor (see Opening Answer Script Policy).

3. If the caller reports that the call is a crisis call but the caller cannot be transferred due to the severity of the crisis and the caller's current state, the Customer Service Specialist will remain on the line with the caller while notifying the Customer Services Manager or Clinical Services Manager or other Management staff of a crisis call and need for assistance. Once notified, Access Center Clinician or Management Staff will take over the call from the Customer Service Specialist as appropriate.

4. Emergency Interventions (e.g. Police, 911) shall be implemented under the following circumstances:

    a. There is an immediate danger of a suicide attempt or an attempt has been made;
    b. A homicide threat has been made or there is risk of danger to others;
    c. When abuse is in progress or imminent (child abuse, elder abuse, domestic violence);
    d. When a serious crime is in progress;
    e. In cases of medical emergency (urgent or critical medical condition);
    f. Other situations of immediate threat.

5. The Access Center Clinician/Customer Service Specialist/Management Staff who is handling the crisis call will utilize all training regarding crisis/suicide prevention to ensure that the caller is safe and that appropriate support/resolution to the call is provided. In order to appropriately assess the caller and ensure that appropriate action is taken, Wellplace staff must minimally ensure that the following are assessed during the call: suicide risk, danger to self or others, urgent or critical medical conditions and any immediate threats to safety.

6. The Access Center Clinician/Customer Service Specialist/Management Staff will attempt to engage the caller and collect required demographic information such as the caller's name, address and telephone number. If the caller volunteers the information, the Access Center Staff person should, as a courtesy, request permission to contact 911 for the caller. However, Wellplace will contact 911 in any event when life-threatening injuries or actions are present.

7. If the caller will not volunteer name and location information, a secondary staff person will check the caller ID to determine if the caller's phone number is available. If a phone number is shown, the co-worker should contact 911.

8. The Access Center Clinician/Customer Service Specialist/Management Staff should remain on the phone with the caller until emergency services has arrived to the location, providing support to the caller

while allowing the caller to express their concerns/frustrations.

9. In the event that the caller hangs up the phone prior to emergency services arriving, the Access Center Clinician/Customer Service Specialist/Management Staff shall make three (3) or more attempts to contact the caller back as appropriate. If this is unsuccessful, the Access Center Clinician/Customer Service Specialist/Management Staff is responsible for obtaining follow-up information from the Police Department or EMS regarding the disposition of the case prior to the end of their shift.

10. The Customer Service Specialist must complete an Incident Report regarding a crisis call using the DWMHA incident report form (See Incident Report Policy). The Customer Services Specialist should ensure that all detailed information is included in the incident report including: name, address and phone number of caller if known; time that emergency services were contacted and the name of the operator who took the call. Any additional information including supervisory notification and steps taken by Customer Service Specialist shall also be included on the incident report form.

11. If a clinical screening call becomes a crisis situation during the call, the Access Center Clinician/Substance Use Specialist shall follow all processes outlined above. The Access Center Clinician/Substance Use Specialist shall notify the Clinical Services Manager or other Management staff and follow all steps as directed in this policy. The Access Center Clinician/Substance Use Specialist will turn in completed incident reports to the Clinical Services Manager/Substance Use Manager for review.

12. If the call is not transferred to a Crisis Counselor and the caller verbalizes a threat to harm or kill someone, Wellplace is responsible for notifying the potential victim of the threat, following ethical and legal obligations in regards to Duty to Warn. The Customer Service Specialist, Access Center Clinician or Substance Use Specialist should attempt to gather whatever identification and contact information is necessary to allow him/her to complete this obligation. Even if the caller will not disclose the needed information, it may be possible to ascertain the information through descriptive terms connoting the familial or organizational relationships, i.e., “my boss”, “my girlfriend”, etc. If the caller will not provide contact information for the person they have threatened, they might provide contact information for a third person who might know now to contact the potential victim, etc.

    The Customer Service Specialist is also responsible for notifying the appropriate police department of a caller’s threat. If the person making the threat lives in Detroit, the counselor should contact Detroit Police Crime Reporting (313-267-4600). If the person making the threat lives outside of Detroit, the Customer Service Specialist should contact the appropriate city police department where the caller lives.

Callers who present with the need for emergency psychiatric services at the time of the call to Wellplace will be provided with emergency services according to the following protocols:

1. When a caller to the Access Center has been determined as needing emergency services by the Access Center Customer Service staff or Clinician, the member shall be instructed and assisted as needed via coordination of services to go to the nearest Crisis Screening Center or emergency room facility for services and told that no prior authorization is needed.

2. The following Crisis Screening Centers are available in Wayne County:
    a. For Adults:
        i. Community Outreach for Psychiatric Intervention (COPE) – 33505 Schoolcraft, Livonia, MI 48150

b. For Children:
   i. The Guidance Center – 13101 Allen Road, Southgate, MI 48185

   ii. The Children's Center / Crisis Care Center - 79 West Alexandrine, Building 90, Detroit MI, 48201

3. If the caller is unable to go to the nearest Screening Center, the consumer shall be directed to the closest emergency room for services.

4. If needed, Access Center staff can facilitate contacting Emergency Services (911) for assistance in transporting the consumer to the closest emergency facility for screening and stabilization (See Crisis Call Policy).

5. Additionally, if clinically appropriate, the Access Center staff can connect the caller to the Crisis Line Clinicians who are able to provide crisis intervention services via the telephone (See Crisis Call Policy).

III. Verification and Coordination of Benefits

Customer Service Specialists complete verification of benefits information for all callers who contact the Access center. The customer service specialist will utilize the MHWIN system to verify Medicaid, Medicare and Healthy Michigan insurance and current enrollment. Other insurance information is obtained verbally from the caller. Information is documented in MHWIN so that DWMHA providers can further access this information for any follow up appointments.

SECTION IV: UTILIZATION REVIEW PROCEDURES

I. Confidentiality:

Wellplace safeguards confidential recipient information and makes disclosures only within the limits of informed consent of the parties involved and in accordance with HIPAA, state and federal law, as well as industry standards and professional ethics. Therefore, all proceedings, records, writings, data, reports, information, and any other material labeled as "utilization management" are held in strictest confidence and protected from disclosure. Clinical review and information used in activities and functions of the UM program are appropriately safeguarded by Wellplace. Confidentiality safeguards apply to all UM/QI committee recipients, reports, and any employee of Wellplace whose duties require knowledge of, and access to UM information and committee activities. Wellplace collects only the information necessary to certify the admission, procedure, treatment, length of stay, frequency and/or duration of behavioral health and substance use services.

See DWMHA HIPAA Privacy Manual and Policies and DWMHA HIPAA Security Policies and Procedures for more details

II. Preadmission Reviews (PAR) and Utilization Management Staff Credentialing

The Wellplace Management Team ensures that all employees are qualified for their positions and uphold all training and credentialing requirements set forth in the Wellplace contract with DWMHA to ensure consistent understanding and application of DWMHA's UM Criteria, Clinical Protocols and Evidenced Based and Promising Practices; see *DWMHA Required Training Chart*. Wellplace ensures that there are psychiatrists on staff that are board certified in adult and child psychiatry. Wellplace also ensures that there are fully-licensed Master's prepared clinicians for eligibility determination and case reviews that demonstrate expertise to review eligibility for servicing special populations including, but not limited to, SMI, SED, IDD, Michigan Prisoner Release Initiative (MPRI), Infant Mental Health (IMH), Jail diversion, Wraparound, Juvenile Assessment Center, and services to persons with substance use or co-occurring disorders (SA/MI and MI/DD). All staff shall have the credentials and appropriate licensure necessary to provide service to the population or group for whom he/she reviews care.

Wellplace also ensures the following training and credentialing activities:

1. During the selection and hiring process all staff possess the appropriate qualifications as outlined in the job descriptions by obtaining current resumes, conducting comprehensive background checks, reference validation, and primary source verification and certification of licensure or registration. New hires complete employee orientation and required training sessions within ninety (90) days of hire.

2. All Access Center Clinicians staff must be credentialed as *Qualified Mental Health Professionals* (QMHP), *Child Mental Health Professionals* (CMHP), and *Qualified Intellectual Disability Professionals* (QIDP). Qualifications for each credential are outlined in the attached document *PIHP-CMHSP Provider Qualifications.*

3. Wellplace is responsible for training curriculum development that is consistent with the Michigan Mental Health Code and regulations. Wellplace is responsible for assuring that all staff members are able to fully perform their designated services. Wellplace has the responsibility and authority to select and use a curriculum that best meets the needs of the programs that they serve and to assure that curricula are presented and implemented in a thorough and comprehensive manner. Wellplace is also responsible for compliance with training requirements of the specialized providers with whom they contract.

4. Within thirty (30) days of hire, all Wellplace employees and employees of subcontractors must successfully complete the required trainings including but not limited to; New Employee Orientation, Health Insurance Portability and Accountability Act (HIPAA), New Hire Recipient Rights/Annual Recipient Rights, Corporate Compliance Plan training, Universal Precautions/Infection Control, Cultural Competency, Emergency Preparedness/First Aid, Limited English Proficiency/Language Proficiency, Medicaid Fair Hearings, Local Appeals and Grievances, Safety and on the Job Training sessions. The *DWMHA Required Training Chart* outlines other required training specific to job functions. Trainings are to be maintained by the staff and supervisors as indicated in the *DWMHA Required Training Chart*.

5. Until new hires have received the approved Recipient Rights training, Wellplace must provide Recipient Rights orientation and require new hires to work with a previously trained employee under the direction of a previously trained supervisor. All Wellplace employees and subcontractor employees must also successfully complete the annual update to maintain Recipient Rights training compliance.

6. All changes in administrative personnel in key positions as identified in the contract must be provided to DWMHA within seven (7) business days.

7. Wellplace requires that staff be re-trained whenever the needs of the consumers change and whenever

there is a significant change in MDHHS policy that would affect the delivery of services. In addition, Wellplace ensures that the employees that are providing services and supports are competent to perform their duties through peer reviews and supervision. Ongoing training is held in the following categories: recipient rights and safety/security, orientations, individual rights/customer service, technical supports, health and cultural awareness, linguistic services, and reviews of standards/assessments.

8. Wellplace maintains records detailing training topics and dates covered in the employee personnel files. Staff is responsible for maintaining records of their trainings for CEUs and other licensing/credentialing purposes.

9. Wellplace staff take an active role in the review and analysis of the information obtained from quantitative and qualitative methods.

II. Procedures for Reporting of Improper Conduct

1. Wellplace shall ensure that any action taken against a clinician or practitioner for is reported to the appropriate authorities and that the clinician or practitioner is offered a formal appeal process in a timely fashion.
2. Wellplace defines actions taken against practitioners for quality reasons as: actions pertaining to sanctions, a malpractice claim or actions taken against a practitioner license.

3. DWMHA maintains responsibility for customer service complaints against practitioners and appropriate follow up pertaining to grievances. Wellplace shall report any grievance identified as a possible rights violation. All enrollees/members have a right to file a grievance at any time with DWMHA.

4. If a sanction is identified in the credentialing process, a notice shall be sent to the DWMHA Credentialing Committee within seven (7) business days that includes the practitioner or provider name, sanction identified, and date of sanction. A letter shall also sent to the practitioner notifying them of this action and their right to appeal and time frames.

5. The DWMHA Credentialing Committee shall review the sanction and take responsive action which may include disenrollment from the practitioner network. A provider or practitioner's status may be reduced, suspended, or terminated for failure to perform according to the clinical, quality, or other administrative criteria upon the review of objective evidence and DWMHA decision. DWMHA shall send notice to the individual provider or practitioner and the provider agency that includes the sanction, decision for action and the methods to appeal. DWMHA Credentialing Committee will notify authorities including state agencies as appropriate.

6. Wellplace completes monthly reviews of practitioners for conduct that could adversely affect enrollee/member health or welfare by completing monthly queries for licensing violations via the National Practitioner Data Bank and Office of Inspector General. Practitioners reviewed include all licensed staff members.

7. Wellplace may take the following specific range of actions to improve performance before termination of a practitioner: Any practitioner identified as having conduct that could adversely affect member health or welfare shall be immediately reported to DWMHA for follow up.
8. Wellplace reports Practitioner incidents that include any improper or unethical conduct, licensing actions and sanctions to the DWMHA within twenty four (24) hours of discovery.

9. Wellplace shall Document all reports of practitioner employment suspensions or termination to appropriate authorities. Wellplace requests updated rosters of staff from COPE and the MCPN's biannually. When reviewing rosters Wellplace identifies practitioners who may have been suspended, terminated or who do not have the proper license to provide the services being delivered. All such identified staff are reported monthly to DWMHA. Any practitioner identified as suspended or terminated for unethical, unprofessional or criminal behavior shall be reported to the appropriate state licensing body.

Wellplace maintains a current list of employees that includes all credentialed staff that are able to conduct Pre-Admission Review (PAR) and utilization review functions. This list is received from COPE and each MCPN quarterly indicating who is eligible to conduct PAR. This list of employees will be provided to DWMHA at least annually or upon request. It is the responsibility of Wellplace to report any changes in employment status to DWMHA.

Wellplace and its contractors must adhere to DWMHA's expectation regarding education, licensure, credentialing, and experience outlined in Appendix L of the contract.

Wellplace is responsible for credentialing all persons involved in making utilization management decisions including initial reviews, concurrent reviews, appeals and/or local dispute resolution reviews. . Wellplace is also responsible for maintaining documentation and verifying a percentage of the credentialing of all Child Mental Health Professionals (CMHP), Qualified Mental Health Professionals (QMHP), Qualified Intellectual Disability Professionals (QIDP) Qualified Behavioral Health Practitioner (QBHP) and/or Substance Use Treatment Professional (SATS) of accredited providers. Wellplace shall perform credentialing functions for groups that provide CMH services and are not accredited.

Wellplace does not perform Pre-Admission Reviews directly as part of its scope of services but assists with customer service functions for consumers including verification of Wayne county residency and enrollment into an MCPN.

III. Standardized Assessment Tools

The Wellplace Clinical Unit conducts telephone screening to determine eligibility for services in the following populations utilizing the tools described:

1. Individuals with Intellectual and Developmental Disabilities

The *Developmental Disabilities (DD) Screening Tool is age-specific and utilized to determine if consumers of all ages meet criteria for services for persons with Intellectual/Developmental Disabilities.* The *DD Screening Tool* will be used to assess callers that have a severe developmental condition that is chronic and appeared before that age of 22 years and is likely to continue indefinitely and is attributed to a mental or physical impairment or combination of these impairments such as mental retardation, cerebral palsy, autism or other condition found to be similar to one of these impairments. Based on the age of the individual, the applicable DD Screening Tool will be used; *DD Screening Tool for Children* or *DD Screening Tool for Adults 16 Years & Older*.

2. Adults with Serious Mental Illness and Youth with Severe Emotional Disturbance

For SMI (Serious Mental Illness / Adults) and SED (Severe Emotional Disturbance / Youth) populations, the Mental Health Symptom Checklist is utilized to gather information and compiled to determine if the consumer meets the criteria listed in the Medicaid Manual for SMI or SED services. The Mental Health Symptom Checklist is specific to children and adults based on the age of the consumer and was developed by DWMHA.

This in combination with the MHWIN clinical screening tool is utilized to gather the required information in order to make the determination that the caller meets the medical necessity criteria.

3. **Children with Autism**

The Access Center also utilizes specific screening tools for the Autism Benefit Waiver program for children 18 months through 5 years of age. The screening for Autism Waiver Services includes 1 of 2 screening tools based on the age of the child. Children ages 0 – 47 months are screened using the Modified Checklist for Autism in Toddlers (M-CHAT). Children ages 48 months through age 20 are screened using the Social Communication Questionnaire (SCQ).

The M-CHAT-R is a screening questionnaire administered to the parent/caretaker with a variety of questions related to behaviors of the child. The SCQ is a 40 question screening that is administered to the parent/caretaker with a list of questions related to the child's behaviors. Based on the answers to the questions, a total score is generated.

4. **Individuals with Substance Use Disorders**

For callers seeking substance use treatment services, the Substance Use Specialist will complete the *American Society of Addiction Medicine (ASAM) screening*. The ASAM screening is an 11 question screening based on the 6 ASAM dimensions, which are: (1) Acute Intoxication and/or Withdrawal Potential, (2) Biomedical Conditions and Complications, (3) Emotional, Behavioral, or Cognitive Conditions and Complications, (4) Readiness to Change, (5) Relapse, Continued Use, or Continued Problem Potential, (6) Recovery/Living Environment. Based on the caller's response to the questions, the following criteria are applied: 2 or more positive responses indicate possible abuse or dependence, 4 or more positive responses strongly indicate dependence, 7-11 positive responses may indicate the need for immediate detox.

For adolescents seeking Substance Use treatment services, the Substance Use Specialists complete the *Adolescent Alcohol and Drug Involvement Scale (AADIS)*, which includes a chart of drugs used, including frequency as well as a list of questions based on the ASAM dimensions. The responses are weighted and totaled.

The Access Center staff are highly trained and qualified to complete the screenings and utilize the tools, along with the information presented, and their clinical judgment in order to ensure that all persons are screened according to their needs and medical necessity.

The accurate use of tools is monitored via a peer review and supervision process as described in the Peer review section of this document.

IV. Utilization / Authorization Review Process

As the screening and access center, Wellplace performs only the initial review process and does not perform concurrent or retrospective reviews. Wellplace determines eligibility for entry into the service delivery system for all populations and provides the initial authorization for services for Autism Waiver services and Substance Use Services. For the provision of Substance Use Service, Wellplace's initial screening results in a level of care determination and an initial authorization to the substance use provider.

Wellplace ensures documentation and implementation of medical necessity criteria for the populations indicated below using the screening tools defined in the previous section of this document.

A. Individuals with Intellectual Developmental Disabilities

Utilizing the *(DD) Screening Tool* that is specific to the age-specific of the individual caller, the Tool will be used to assess callers that have a severe developmental condition that is chronic and appeared before that age of 22 years and is likely to continue indefinitely and is attributed to a mental or physical impairment or combination of these impairments such as mental retardation, cerebral palsy, autism or other condition found to be similar to one of these impairments. If the caller scored 5 or more on three or more of the major life activities outlined in the tool, the caller is determined to be developmentally disabled and eligible for services. Thresholds for determining eligibility may be modified by DWMHA.

B. Adults with Serious Mental Illness and Youth with Severe Emotional Disturbance

For SMI (Serious Mental Illness / Adults) and SED (Severe Emotional Disturbance / Youth) populations, the *Mental Health Symptom Checklist* is utilized to gather information and compiled to determine if the consumer meets at least one of the following medical necessity criteria:

- The beneficiary is currently or has recently been (within the last 12 months) seriously mentally ill, seriously emotionally disturbed as indicated by diagnosis, intensity of current signs and symptoms, and 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.

- The beneficiary does not have a current or recent (within the last 12 months) serious condition but was formerly seriously impaired in the past. Current clinical residual symptoms and impairments exist and the beneficiary requires specialized services and supports to address residual symptomology and/or functional impairments, promote recovery and/or prevent relapse.

- The beneficiary has been treated by the Health Plan (MHP) (or community outpatient services) for mild/moderate symptomology for temporary or limited functional impairments and has exhausted the 20 visit maximum for the calendar year (exhausting the 20-visit maximum is not necessary prior to referring the case to DWMHA for services). The current provider and DWMHA concur that additional treatment is medically necessary and can reasonably be expected to achieve the intended purpose.

C. Children with Autism

The Access Center also utilizes specific screening tools for the Autism Benefit Waiver program for children 18 months through 5 years of age. Children who meet criteria for this waiver must be within the age group specified and must also have active Medicaid or MI-Child insurance. Any child outside of those criteria would not be able to receive services under the Autism Benefit waiver. The screening for Autism Waiver Services includes 1 of 2 screening tools based on the age of the child.

The M-CHAT-R: Children who score 0-2 are considered to be at low risk and are not referred for the Autism assessment. The child can however be screened for DD services and referred to those services based on the DD Screening Tool. Children under the age of 24 months can also be re-screened with the MCHAT after their 2nd birthday. Children who score 3-7 are considered to be at Medium Risk; the Access Center Clinician completes the follow-up MCHAT and if the score remains 2 or higher, the child screens positive and is referred for an Autism evaluation. Children who score 8-20 on the initial MCHAT are considered at high risk and are referred for an Autism evaluation.

The *SCQ* is a 40 question screening that is administered to the parent/caretaker with a list of questions related to the child's behaviors. Based on the answers to the questions, a total score is generated. An SCQ score of 15 or higher is considered a fail and the child is at risk of an Autism diagnosis. Any child who receives a total score of 15 or higher will be referred for an Autism Evaluation through the Autism Benefit Waiver.

D. Individuals with Substance Use Disorders

For callers seeking substance use treatment services, the Substance Use Specialist will complete the American Society of Addiction Medicine (ASAM) screening. Based on the caller's response to the questions, the following criteria are applied: 2 or more positive responses indicate possible abuse or dependence, 4 or more positive responses strongly indicate dependence, 7-11 positive responses may indicate the need for immediate detox. The medical necessity criteria for the levels of care are based on the total ASAM score: 0 – Refer to Relapse Prevention/Intervention; 1-2 – Depending on situation, refer to Relapse Prevention/Intervention or Outpatient; 2-6 – Refer to Outpatient or Intensive Outpatient; 7+ - Refer to Inpatient Treatment (If use is 3 months ago, refer to Outpatient). These levels are intended as a general guide, but the Substance Use Specialist may refer outside of these guidelines based on clinical presentation of the client and ensuring that treatment needs are individualized. Some factors affecting this may include severity and frequency of use, level of support, symptoms and number of drugs being used.

For adolescents seeking Substance Use treatment services, the Substance Use Specialists complete the Adolescent Alcohol and Drug Involvement Scale (AADIS). The responses are weighted and totaled. Based on the caller's response to the questions, the following criteria are applied to the total score: 0 – No drug or alcohol use indicated; 1-36 – Alcohol and/or other drug use present, does not reach the threshold for substance use disorder (however, Screener may have clinical cause to override negative finding); 37 or higher – Alcohol and/or other drug use present which may reach DSM criteria. In general, the higher the score, the more serious the use and therefore the higher the level of care recommended. The levels of care are applied generally based on the following: 0-36 – refer to Prevention, Recovery, Outpatient or Intensive Outpatient; 37 + - Refer to Intensive Outpatient or Inpatient. The level of care recommendations are meant to serve as a guide and the clinical presentation of the client and that individual's clients medical necessity needs should always take precedence. Some factors affecting this may include severity and frequency of use, level of support, symptoms and number of drugs being used.

In all cases of screenings, regardless of the population, the screening tools are intended as a guide and are not intended to be prescriptive for the exact level of care or service. The Access Center staff are highly trained and qualified to complete the screenings and utilize the tools, along with the information presented, and their clinical judgment in order to ensure that all persons are screened according to their needs and medical necessity.

All clinical screening initial eligibility decisions will be made by the end of the call.

All clinical documentation gathered during the telephonic screening is maintained electronically in the DWMHA Mental Health Wellness Information Network (MH-WIN). The written decision shall include:

a. Identification of the presenting problem(s) and need for services and supports;
b. Initial diagnosis that qualifies the person for public mental health and substance use disorder services and supports;
c. Legal eligibility and priority criteria (where applicable);
d. Documentation of any emergent or urgent needs and how they were immediately linked for Crisis Services;
e. Identification of screening disposition and follow up; and
f. Rationale for system eligibility.

Wellplace ensures that once an individual is determined to be eligible for Community Mental Health services, they are assigned to a Managers of Comprehensive Provider Network (MCPN) (if appropriate) and linked to a Provider for a face-to-face comprehensive intake assessment. This intake assessment is scheduled at the end

of the telephonic screen by the Wellplace Access Center Clinician using the centralized appointment setting function of MH-WIN. Wellplace will be accommodating to the requests of the consumer and provide a choice of Provider and MCPN. Wellplace Clinicians are to schedule routine appointments within fourteen (14) calendar days unless the enrollee/member requests otherwise.

Callers that are determined to be ineligible for DWMHA services are to be referred to the appropriate community resources by the Access Center Clinician.

Individuals who call the Access Center and who do not require clinical screening services will be provided Information and Referral services for requested information and appropriate community services and supports by the Customer Service Unit, or will be transferred to the ProtoCallCrisis Line for crisis response and stabilization. All callers are eligible for these services.

Wellplace provides DWMHA with the number of callers who requested Information and Referral services within its monthly report. For those callers that are utilizing the Information and Referral services provided by the Customer Service Unit, all referrals that are provided to callers are tallied monthly and provided in the monthly report. The ProtoCall Crisis Counselors can request and provide a follow up call for suicide and crisis calls if the counselor is uncertain about the caller's willingness or ability to follow through on referrals or other agreed-upon action steps, and/or where the caller is at moderate or greater risk and has refused to allow the counselor to intervene directly. The counselor will complete a follow up request form for a call to be made at a later time or date so that ProtoCall can reassess the caller's emotional status and/or determine whether the caller did/did not follow up on any of the referrals that were provided.

V. Denials

Wellplace may deny eligibility for DWMHA services based on the telephonic screening process if the individual does not meet the requirements. Access Center Clinicians are not authorized to make denial decisions for individuals. In all cases where a clinician is not able to authorize eligibility for and access to services as a result of the clinical screening process, the case is sent to the Wellplace psychiatrist for a review which is completed within 1 business day. Once the case has been reviewed by the psychiatrist, an adequate notice will be sent to the caller which includes the reason for denial and information on how the individual can appeal the decision and their rights to the appeal/dispute process. Anyone denied by the Access Center for mental health services will be informed of their right to an appeal through information relayed at the conclusion of the telephonic screen, information sent to them in the mail and information posted on the Access Center's website.

VI. Due Process Review:

A. Local Appeals for Medicaid and Healthy Michigan Enrollees/Members:

Wellplace will ensure that Medicaid and Healthy Michigan enrollees/members receiving and requesting mental health and substance use services have access to local appeals, consistent with the Michigan Department of Health and Human Services (MDHHS) federal waivers, contracts, policy guidelines and technical advisories. Wellplace will do so by:

1. Wellplace will ensure that the enrollee/member is informed both verbally and in writing of their right to an internal appeal with DWMHA as well as an external Medicaid Fair Hearing.

2. Provide the enrollee/member adequate notice of the denial of eligibility and access to community mental health services by sending a written notice within one (1) business day of the request. The adequate notice must include the reason for denial and information on how the individual can appeal the decision.

3. Wellplace will ensure that the Medicaid or Health Michigan enrollee/member is informed of his or her right to file an appeal and that the appeal may be requested under the following conditions:

   a. The enrollee/member has forty five (45) calendar days from the date of the Notice of Action to request an internal appeal with DWMHA per Michigan Department of Health and Human Services (MDHHS) Standards;

   b. Appeals can be filed orally or in writing. An oral request for a local appeal of an action is treated in the same manner as a written appeal to establish the earliest possible filing date for the appeal; and

   c. Both oral and written appeal requests must be confirmed with a written acknowledgement letter within five (5) calendar days of a standard request or within twenty four hours (24) of an expedited request.

   d.

4. All denials as the result of the clinical screening completed by the Access Center Clinician will be reviewed by a psychiatrist within one (1)business day. If the psychiatrist's initial reconsideration results in an override of the initial decision, the applicant will be deemed eligible for services and will be contacted by an Access Center Clinician to schedule an intake appointment.

5. All requests for an internal appeal will be directed to the DWMHA Customer Service Department and this information is documented on the adequate action notice. Wellplace will request a quarterly report on number of Local Appeals, and their disposition including number upheld and number overturned, from the DWMHA Customer Service Department and report this on annual basis in the UM Annual Evaluation.

6. Wellplace Staff will coordinate as needed with the DWMHA Customer Service Department to provide any documentation or follow-up with an applicant as needed. (See DWMHA Member Appeals Policy for more details).

7. If an appeal is overturned and the applicant needs to be scheduled for an intake appointment, the Clinical Services Manager or designee will contact the applicant within one (1) business day to schedule their intake appointment with the provider of their choice.

B. Local Dispute Resolution for Uninsured or Under Insured Enrollee/Member Using General Funds (GF)

Wellplace will ensure that Uninsured or Under Insured Enrollee/Member using GF receiving and requesting mental health and substance abuse services have access to local dispute resolution, consistent with the Michigan Department of Health and Human Services (MDHHS) federal waivers, contracts, policy guidelines and technical advisories. Wellplace will do so by:

1. Wellplace will ensure that the uninsured or under insured enrollee/member using GF is informed both verbally and in writing of their right to a local dispute resolution review with DWMHA.

2. Provide the uninsured or under insured using GF adequate notice of the denial of eligibility and access to community mental health services by sending a written notice within one (1) business day of the request for services. The adequate notice must include the reason for denial and information on how the individual can request a local dispute resolution review of the decision.

3. Wellplace will ensure that the uninsured or under insured enrollee/member using GF is informed of his or her right to file a local dispute resolution review and that the request may be under the following conditions:

   a. The enrollee/member has forty five (45) calendar days from the date of the Notice of Action to request a local dispute resolution review;

   b. Local Dispute Reviews can be filed orally or in writing. An oral request for a local dispute review of an action is treated in the same manner as a written local dispute review to establish the earliest possible filing date for the review; and

   c. Both oral and written local dispute review requests must be confirmed with a written acknowledgement letter within five (5) calendar days of a standard request or within twenty four (24) hours of an expedited request.

4. All denials as the result of the clinical screening completed by the Access Center Clinician will be reviewed by a psychiatrist within one (1) business day. If the psychiatrist's initial reconsideration results in an override of the initial decision, the applicant will be deemed eligible for services and will be contacted by an Access Center Clinician to schedule an intake appointment.

5. All requests for a local dispute review will be directed to the DWMHA Customer Service Department and this information is documented on the adequate action notice. Wellplace will request a quarterly report from the DWMHA Customer Service Department on any alternative dispute resolution including number of requests for a review and their subsequent disposition. This information should be reported on annual basis in the Access Center Annual Report.
6. If a local dispute is overturned and the applicant needs to be scheduled for an intake appointment, the Clinical Services Manager or designee, will contact the applicant within one (1) business day to schedule their intake appointment with the provider of their choice. (See DWMHA Member Alternative Dispute Resolution Policy for more details).

C. **Local Appeals for Medicare Enrollees/Members**:
Wellplace will ensure that Medicare enrollees/members receiving and requesting mental health and substance use services have access to local appeals, consistent with the Center for Medicare and Medicaid Services (CMS) contracts, policy guidelines and technical advisories. Wellplace will do so by:

1. Wellplace will ensure that the enrollee/member is informed both verbally and in writing of their right to an internal appeal with DWMHA.

2. Provide the enrollee/member adequate notice of the denial of eligibility and access to community mental health services by sending a written notice within one (1) business day of the request for services. The adequate notice must include the reason for denial and information on how the individual can appeal the

decision.

3. Wellplace will ensure that the Medicare enrollee/member is informed of his or her right to file an appeal and that the appeal may be requested under the following conditions:

    a. The enrollee/member has forty five (45) calendar days from the date of the Notice of Action to request an internal appeal with DWMHA;

    b. Appeals can be filed orally or in writing. An oral request for a local appeal of an action is treated in the same manner as a written appeal to establish the earliest possible filing date for the appeal;

    c. Both oral and written appeal requests must be confirmed with a written acknowledgement letter within five (5) calendar days of a standard request or within twenty four (24) hours of an expedited request.

4. All requests for an internal appeal will be directed to the DWMHA Customer Service Department and this information is documented on the adequate action notice. Wellplace will request a quarterly report on number of Local Appeals, and their disposition including number upheld and number overturned, from the DWMHA Customer Service Department and report this on annual basis in the UM Annual Evaluation.

5. Wellplace Staff will coordinate as needed with the DWMHA Customer Service Department to provide any documentation or follow-up with an applicant as needed.

6. If an appeal is overturned and the applicant needs to be scheduled for an intake appointment, the Clinical Services Manager or designee will contact the applicant within one (1) business day to schedule their intake appointment with the provider of their choice. (See DWMHA Member Appeals Policy for more details).

7. Wellplace will track all denial of eligibility and access to services using the Access Center Eligibility Service Tracking log. The log will be forwarded to the DWMHA UM Department by the 10th of each month.

VI. Coordination of Care and Access

It is the responsibility of the Access Center to determine eligibility for all callers seeking access to DWMHA community mental health resources. If an individual is determined eligible, the Access Center is to schedule an intake appointment at a Provider location of their choice within the DWMHA provider network. When assigned to a provider, the individual will also be enrolled into an MCPN (if appropriate) that is contracted with their chosen provider. The demographic and clinical screening information that was gathered by the staff at Wellplace will be transferred via MH-WIN for use by provider in real time. The demographic section of the tool includes information about insurance type and primary care doctor. For substance use disorder consumers, the demographic information will be available to the provider in real time; however the clinical screening information will not be available until the provider sends the Access Center a signed release of information. At that time, the Access Center will release the remaining elements of the consumer’s record to the provider. At the conclusion of each day, the MCPN Daily Assignment Report is generated by MH-WIN and sent electronically to each MCPN reporting all consumers that have been activated in their network. From this point on it is the role of the provider and overseeing MCPN to coordinate the care and continuation of treatment for all community mental health services that they individual may receive. For Substance Use Consumers, DWMHA is responsible for overseeing the care and

treatment the consumer receives from the service provider. If a caller is denied services, community based referrals and resources are offered to address the mild to moderate needs of the consumer.

VII. Utilization Management Reporting

Wellplace, Michigan as the Access Center utilizes the Mental Health Wellness Information Network (MH-WIN) as the main information system for all Access Center reporting functions. The Customer Service Specialists log all incoming calls and gather all demographic information in the MH-WIN system. Access Center Clinicians complete the telephonic screens, gather clinical data, and schedule appointments/assign provider and MCPN through the functions of MH-WIN. Substance Use Specialist complete telephonic screens, gather Substance Use specific clinical data, and schedule appointments/assign provider through the functions of MH-WIN system. Information about newly enrolled consumers is also sent via MH-WIN to providers and MCPNs. Data to complete and monitor Utilization Management activities are pulled from MH-WIN in pre-programmed reports. Wellplace also utilizes the Xima, Chronicall System which captures and reports all of the statistics of the call center. Xima displays statistics in real time on display for the staff in the call center as well as reports that can be customized and historical data be pulled at any time for use.

Monitoring and evaluation of service utilization data and trends occurs through the following mechanisms on an ongoing basis with data reviewed monthly through the Wellplace Quality Improvement committee and Clinical Care and Utilization Committee.

a. **Call Access Performance Indicator Tracking Graphs**: The call access key indicators are graphed each month using a timeline format to monitor compliance with performance indicators. The month-by-month charts are shared with Wellplace Administrators and Wellplace staff for quality improvement planning during quarterly committee meetings. The performance indicators include, but are not limited to the following: total volume of calls, average speed of answer of calls to service center, abandonment rate, busy rate for all calls, average length of call, default calls, referred calls.

b. **Credentialing Report**: From the credentialing database, the Credentialing Committee will generate a credentialing report including, but not limited to the following information: name of applicant, agency affiliation, profession, and credential, date of initial credential, date of re-credential, disposition, and type of letter sent. This report will be generated monthly and delivered to DWMHA no later than the 15th of each month. Wellplace shall also submit to DWMHA monthly Credentialing Review Board meeting minutes and summary of credentialing activities by the 5th business day of the following month. A Notice of Adverse Actions Report will be sent to the agency within seven (7) days of notification.

c. **Translation Line Test Call**: One quality assurance call is performed on a monthly basis by Wellplace secret shoppers in order to evaluate the quality of the translation services provided to callers and ability of the Customer Service Specialists to properly utilize the services. This report documents the call answer time, greeting provided and the disposition of the call. The specialists are monitored and given a point score for 12 items relating to the call process. The Quality Team generates the analyzed data from the Quality Call Reports. The reports are reviewed quarterly by the Quality Committee. Any call item falling below the internally established performance indicator will receive corrective action.

d. **TTY Machine Test Call**: One test call is performed on a monthly basis by a designated Customer Service Specialist in order to evaluate the TTY Line to ensure it is maintained and working effectively. The status logs are reviewed quarterly by the Quality Committee.

e. **Compliments, Complaints, Incident Reports, Critical Incidents and Sentinel Events**: As these events and incidents occur, the responsible staff member will document what transpired and how they responded using *Compliments, Complaints, Incident Reports, Critical Incidents and Sentinel Events Forms*. The resolution process is clearly documented and immediately distributed to the on-site supervisor, Chief Operating Officer, Chief Executive Officer, and the Authority for review. The event/incident report is reviewed by the Quality Improvement Committee. Any sentinel events will be directly reported to DWMHA according to the policy and procedure. A monthly aggregate report that indicates event/incident is delivered to DWMHA no later than the 5th business day of each month.

f. **Silent Monitoring Report**: Silent monitoring activity occurs on Fifty (50) calls total are silent monitored each month (600 annually). All fifty (50) of these calls evaluate the Customer Service Unit, with twenty (20) of the calls are evaluated for the Clinical Unit portion of call, and twenty (20) calls being evaluated for the Substance Use Unit portion of the call. By continually monitoring the call as it transfers departments the full experience of the caller is able to be monitored more effectively. The monitoring of each Customer Service Specialist, Clinician, and Substance Use Specialist will be evenly distributed. The Quality Coordinator/Peer Support Specialist conducting the monitoring maintains Call Reports documenting the date of call, time of call, name of staff being monitored, result of monitoring, and corrective action needed. Each call is monitored based on 14 quality review items for the customer service unit, twenty four (24) quality review items for clinical unit, and fourteen (14) quality review items for the Substance Use unit related to the call process. The cumulative data is presented quarterly to the Quality Improvement Committee for improvement planning. Any call item falling below the internally established performance indicator will receive corrective action. A monthly aggregate report is delivered to DWMHA no later than the fifth/5th business day of each month.

g. **Employee Training**: Employee training compliance is monitored by the Chief Operating Officer, Human Resources, Quality Team as well as the direct supervisor of each employee. The Access Program Director compiles a monthly narrative report outlining the training provided. The monthly narrative report is delivered to DWMHA by the fifth/5th business day of the following month. The Wellplace Quality Team will monitor employee training through quarterly employee file audits and annual assessment of the training implementation calendars. Training compliance will be reviewed quarterly by the Quality Improvement Committee.

h. **Juvenile Assessment Center (JAC) Report:** For the JAC assessment process, an activity summary report will be generated monthly and delivered to DWMHA no later than the fifth/5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the JAC Report to assess the data for accuracy and to ensure the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The JAC Report data is reviewed by the Quality Improvement Committee on a quarterly basis.

i. **Wraparound Report:** For the Wraparound process, an activity summary report will be generated monthly and delivered to DWMHA no later than the fifth/5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the Wraparound Report to assess the data for accuracy and to ensure the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The Wraparound Report data is reviewed by the Quality Improvement Committee on a quarterly basis.

j. **Michigan Prisoner Release Initiative (MPRI) Report:** For the MPRI Process, an activity summary report will be generated monthly and delivered to DWMHA no later than the fifth/5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the MPRI Report

to assess the data for accuracy and to ensure the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The MPRI Report data is reviewed by the Quality Improvement Committee on a quarterly basis.

k. **Managing for Results & Telephone Statistics Report**: The Wellplace Call Center's call volume, average speed of answer, abandonment rate, and calls answered within thirty (30) seconds, busy rate, call backs, enrollment volume and denial volume are monitored on an ongoing basis. A monthly report is cumulated and delivered to DWMHA by the fifth/5th business day of the month. The reports are reviewed quarterly by the Quality Improvement Committee.

l. **MCPN Change Report**: The Wellplace Support Staff documents and reports all MCPN change requests on a daily basis. A report is cumulated and delivered to DWMHA by the fifth/5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the MCPN Change Report to assess the data for accuracy and to ensure that the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The MCPN Change Report data is reviewed by the Quality Improvement Committee on a quarterly basis.

m. **Program Change Report**: The Wellplace Psychiatrist conducts program changes consumers changing from MI to DD services or vice versa. The program changes are logged on a daily basis by the Access Center Clinician. A report is cumulated and delivered to DWMHA by the fifth/5th business day of each month. The Quality Coordinator will complete a monthly data integrity audit of the Program Change Report to assess the data for accuracy and to ensure that the cases were processed within policy timeframes. This data integrity audit is completed by the end of the following month. The Program Change Report data is reviewed by the Quality Improvement Committee on a quarterly basis.

n. **Consumer Satisfaction Survey**: The Wellplace Support Specialist administers satisfaction surveys to callers that agree to participate and provide feedback. The survey assesses caller satisfaction with the services as well as caller safety. The results of the satisfaction survey are compiled by the Wellplace Quality Coordinator and reported out on a quarterly basis. The results are reviewed by the Quality Committees and improvement initiatives are identified.

o. **Provider Satisfaction Survey**: The Wellplace Support Specialist administers satisfaction surveys to providers that call into the Access Center and agree to participate and provide feedback. The survey assesses caller satisfaction with the services as well as accessibility. The results of the satisfaction survey are compiled by the Wellplace Quality Coordinator and reported out on a quarterly basis. The results are reviewed by the Quality Committees and improvement initiatives are identified.

p. **Clinical UM Peer Review**: The Clinical Unit conducts peer case reviews on a monthly basis. The results of the case reviews are compiled using the Clinical UM Review Database and reported out on a monthly basis. The results are reviewed by the Quality Oversight / UM Committee and improvement initiatives are identified.

q. **Customer Service UM Review**: The Customer Service Unit conducts peer case reviews on a monthly basis. The results of the case reviews are compiled using the Customer Service Quality Review Database and reported out on a monthly basis. The results are reviewed by the Quality Oversight / UM Committee and improvement initiatives are identified.

r. **Substance Use UM Review**: The Substance Use Unit conducts peer case reviews on a monthly basis. The results of the case reviews are compiled using the Substance Use Quality Review Database and

reported out on a monthly basis. The results are reviewed by the Quality Oversight / UM Committee and improvement initiatives are identified.

Section V: UTILIZATION MANAGEMENT REVIEW AND QUALITY INTEGRATION

I. Peer Review Function

A. Customer Service Unit

1. Customer Service Screens will be reviewed on a monthly basis utilizing the *Customer Service Peer Review Audit Tool* – see attachment. The *Customer Service Peer Review Audit Tool* addresses all areas of the customer service screen to ensure accuracy and quality of the screens. Customer Service screens will be audited to ensure that information is complete and accurate as well as ensuring that the call was appropriately triaged.

2. The Customer Service Manager will assign 3 screens per Customer Service Specialist to be reviewed depending on work flaw and the type of calls received within each month.

3. The reviews of the Customer Service Screens will be completed by the Customer Service Manager and designated Customer Service Specialists. All Access Center staff who completes reviews of Customer Service Screens have obtained at least a Bachelor of Arts in Human Services or an LBSW.

4. The completed audit tools will be submitted to the Customer Service Manager on a monthly basis for review and documentation. If concerns are noted they will be addressed in monthly supervision with the Customer Service Manager and Customer Service Specialist. The Customer Service Manager will provide any ongoing supervision/training for the Customer Service Specialist as identified.

5. The Access Center Management Team will review the results of the utilization reviews at the Clinical Care and Utilization Management Meeting. The team will identify trends and ongoing training needs for the Customer Service Specialists based upon the results of the utilization reviews.

B. Clinical Unit

1. Clinical Screens will be reviewed on a monthly basis utilizing the *Clinical Screening Peer Review Audit Tool.* The *Clinical Screening Peer Review Audit Tool* addresses all areas of the clinical screen to ensure accuracy and quality of the screens. Clinical screens will be audited to ensure that *the use of designated screening tools* are congruent with diagnosis, and diagnostic summary.

2. The Clinical Services Manager will assign designated clinical staff to conduct four peer reviews on a fellow full time Clinical staff, if possible for each different category being; SMI, SED, DD, and Denial, or will conduct two peer reviews on a fellow part time clinical staff.

3. In addition, all denial cases shall be reviewed by the Wellplace medical consultant on a monthly basis. The Access Center Management Team will review the results of the peer reviews during the Clinical Care and Utilization Meeting. The team will identify trends and ongoing training needs for the Access Center Clinicians based upon the results of the peer reviews.

C. SUD Unit

1. Substance Use Screens will be reviewed on a monthly basis utilizing the *Substance Use Peer Review Audit Tool* – see attachment. The *Substance Use Peer Review Audit Tool* addresses all areas of the substance use screen to ensure accuracy and quality of the screens.

2. The Substance Use Manager will assign staff the individual whom they would complete a peer review for.

3. The Substance Use staff will then conduct three peer reviews on a fellow Substance Use full time staff, or will conduct two peer reviews on a fellow Substance Use part time staff, if possible for each different category being; WSS, IDU, MAT, Recovery Support Services, or if none apply than staff are to choose other.

4. The reviews of the Substance Use Screens will be completed by the Substance use Manager and designated Substance Use Specialists. The Substance Use Manager will follow up with the Substance Use Staff in individual supervision regarding any issues or concerns identified, and will discuss any individual corrective action plans as needed to improve staff performance.

5. The Access Center Management Team will review the results of the utilization reviews at the Clinical Care and Utilization Management Meeting. The team will identify trends and ongoing training needs for the Substance Use Specialists based upon the results of the utilization reviews.

II. Inter-rater Reliability

A. Clinical Unit

1. All new-hire Access Center Clinicians will complete training on the *Clinical Screening and all associated* tools as a part of the initial Orientation and Training process. This training will be completed prior to the Access Center Clinician completing a screening with, a caller in the Access Center.

2. All new-hire Access Center Clinicians will review the *screening tool training* manuals in addition to completing the training with the Clinical Services Manager or designee.

3. Reliability will be evaluated for all Access Center Clinicians on an annual basis.

4. Reliability of the tool will be monitored monthly through clinical screen audit via peer reviews and manager audits. If concerns are noted they will be addressed in monthly supervision with the Clinical Services Manager and Access Center Clinician.

B. Substance Use Disorder Unit

1. All new hire Substance Use Specialists will complete training on the MHWIN screening tool, the ASAM, AADIS as well as the levels of care, clinical presentation and medical necessity.

2. Reliability for all Substance Use Specialists will be evaluated on an annual bas

III. Core Utilization Management Measures

Wellplace generates outcomes and performance measures that aid in our goal to optimize behavioral healthcare through the use of several data sets and reporting structures which includes but is not limited to:

- Analysis of *routine, emergent and urgent* authorization requests
- *Peer review* of prior authorized service eligibility reviews
- *Follow up* on referrals for consumers determined not eligible for services
- Review of case eligibility approvals, denials, and local appeals.
- Review of *critical and sentinel events*
- Utilization management of *call data* (total incoming calls, average of calls, average speed of answer, average abandonment rate, etc.).
- Review and analysis of consumer and provider *satisfaction surveys*

- *Review and analysis of eligibility determination and practice.*

Resource utilization is maintained through a continuous quality improvement approach that provides the means for our consumer, providers, and the community to attain the highest degree of value from our provider network system and development of proactive guides or predictors for designing treatment strategies that effective meet the needs of our consumers. Thus, the goal of optimal behavioral healthcare resource utilization is achieved via systematic evaluation of utilization through analysis of relevant performance measures, (quantitative and qualitative) on a continuous basis for identification of performance gaps, utilization trends and effect on treatment outcomes.

Satisfaction Surveys
All incoming calls to the Access Center are asked to participate in a satisfaction survey by the Customer Service Unit (excluding crisis calls). If the caller agrees to participate in the survey it is logged by the customer service unit into MH-WIN for to be cued for a call back, which typically occurs within three weeks. At regular intervals the Chief Operating Officer pulls the Call Log Detail Report from MH-WIN and the support staff begins to complete call backs to administer satisfaction surveys. The caller will be administered one of two different surveys based off their reason for call; *Provider Satisfaction Survey* or *Consumer Satisfaction Survey*. There will be three contact attempts made to each individual before efforts to administer the survey are exhausted. The completed surveys will be sent to the Quality Coordinator on a regular basis. The Quality Coordinator will aggregate the data and complete a quarterly report to analyze the satisfaction survey data. The Satisfaction Survey Report is reviewed by the Quality Improvement Committee and Management Team upon completion. The results must meet the performance indicator of a 95% Provider Satisfaction Rate, and or a 95% Consumer Satisfaction Rate, otherwise corrective action will be taken at the discretion of the Management Team.

Call Volume Analysis
On a quarterly basis, the Call Detail Report will be pulled by the Quality Coordinator breaking down all calls by day and hour within the Customer Service Unit, The Clinical Service Unit, and the Substance Use Unit. This report aggregates the total call volume and total lost calls captured. The employee schedules for the Customer Service Unit, Clinical Unit, and Substance Use Unit will also be collected by the Quality Coordinator to provide the staff coverage broken down by day and hour. All of this data is entered into an Excel Database for analysis and to aggregate for reporting. The Quarterly Call Volume Analysis Report is completed by the Quality Coordinator and analyzes the call volume vs. lost calls vs. staffing for the Customer Service Unit, Clinical Unit, and Substance Use Unit. This report is reviewed by the Management Team and Quality Improvement Committee to ensure that the call center is operating efficiently. Corrective action will be taken if needed at the discretion of the Management Team.

Denial Audits
On a monthly basis, the Quality Coordinator will complete an audit of the Access Center Denials using the *Denial Audit Tool* – see attachment. This audit is completed to ensure proper documentation, compliance with the Wellplace policy and to ensure that the performance indicator of 90% of decisions upheld at second level review. The results of this audit are reviewed by the Management Team and Quality Improvement Committee. Corrective Action will be taken if needed by the Management Team. Additionally all denials are sent monthly to DWMHA's UM department for review of all denial files.

Case Record Documentation Reviews:
On a quarterly basis, the Clinical Services Manager will use the DWMHA Eligibility of Service Review tool to conduct case record documentation reviews to ensure appropriate documentation to meet External Quality

Review requirements relative to Utilization Management. The cases to be reviewed are all denial cases and five (5) approval cases per quarter. The results of the reviews will be compiled in a database. The Quality Coordinator will analyze the results in the database and provide an analysis on an annual basis in the Annual UM Evaluation

SECTION VI: ANNUAL EVALUATION OF THE UTILIZATION MANAGEMENT PROGRAM

I. Utilization Management Program Annual Evaluation

The Wellplace Utilization Management Program is reviewed and evaluated annually by the Clinical Care and Utilization Management Committee for overall program effectiveness and impact is documented within the annual evaluation. The purpose of the annual evaluation is to:

1. Critically evaluate the degree to which the goals and objectives of the Utilization Management Program are met.
2. Identify opportunities to improve the quality of Utilization Management processes
3. Identify areas for improvement in clinical operational efficiency.

The results of the Utilization Management core performance indicators are used to evaluate the Utilization Management Program. Wellplace evaluates its effectiveness as manifested by the attainment of the Utilization Management Program goals and objectives. Review of the annual evaluation is reflected in the minutes of the Clinical Care and Utilization Committee Meeting.

II. Performance Measurement Activities and Standards

1. Consumer Satisfaction Rate – 95%
2. Provider Satisfaction Rate – 95%
3. Call-backs for Clinical Screening Occur Same Day – 100%
4. Routine Appointments are Scheduled within 14 Calendar Days – 100%
5. Grievances and Appeals Resolved at the First Level – 90%
6. Denial Decisions Upheld at the Second Level – 90%