Subject: **Utilization Management**	Procedure: **Prospective Authorization Requests for Non-CCBHC Services Requested by a CCBHC**	
Last Updated: **2/26/2025**	Owner: **Managed Care Operations**	Pages: **4**

I. PURPOSE

To provide procedural and operational guidance to Certified Community Behavioral Health Clinic (CCBHC) sites in the Macomb County region on the procedures for submitting prospective authorization requests for non-CCBHC services to Macomb County Community Mental Health.

II. DEFINITIONS

A. Expedited (Urgent) Service Request:
An authorization request where the individual has an urgent or emergent need whereby application of the timeframe for making routine or non-life-threatening care determinations could seriously jeopardize the life, health, or safety of the person served or others, due to the person's psychological state or would subject the person to adverse health consequences without the care or treatment.

B. Medical Necessity:
Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

C. Prospective Review:
Prospective review is the process in which clinical information and requests are reviewed to determine medical necessity before rendering services. Review determinations are based on the medical information obtained at the time of the review. Prospective review allows for a person's eligibility and benefit determination, the evaluation of proposed treatment, determination of medical necessity, and level of care assessment prior to the delivery of service. Prospective screening for medical necessity and appropriateness of specified services is performed by a master's level clinician and if needed, reviewed by a physician.

D. Standard (Non-Urgent) Service Request:
An authorization request for which application of the time periods for making a decision do not jeopardize the life or health of the person or the person's ability to regain maximum function and would not subject the person to severe plan.

E. Utilization Management (UM):
The process by which an organization reviews the use of medical services and resources to ensure they are medically necessary, are performed in the most appropriate care setting, and are at or above quality standards.

III. PROCEDURE

A. All Certified Community Behavioral Health Clinic (CCBHC) persons served requesting or being referred for behavioral health services will be provided an assessment/evaluation and have an Individual Plan of Service (IPOS) developed through a comprehensive person-centered planning process.

B. At times, the IPOS will identify medically necessary services other than those identified in the Michigan CCBHC Handbook, Appendix A: CCBHC Demonstration Service Encounter Codes. When this occurs, the CCBHC must submit a prospective service authorization request(s) to MCCMH for the non-CCBHC eligible services.

1. There must be a goal(s) to address the medical necessity of the service and time-limited, measurable objectives and interventions.

2. The goal(s) must identify the provider for the service and include the amount, scope, and duration of each service code.

3. The CCBHC provider assists the person served in identifying a provider for this service.

C. The CCBHC provider must ensure that the required clinical documentation to support the medical necessity of the service to be requested has been added to the person's medical record in the FOCUS Electronic Medical Record (EMR) in the designated locations. This includes, but is not limited to, the following:

1. All demographic information

2. Current Guardianship paperwork, if applicable, must be uploaded to the 'Guardianship Documents' tab in the Legal section.

3. Current Power of Attorney paperwork, if applicable, must be uploaded to the 'Power of Attorney' tab in the Legal section.

4. These documents must be uploaded to the 'Other Assessment Documents' tab in the Assessments section:
    a) Biopsychosocial Assessment
    b) PHQ9 Screening
    c) Social Drivers of Health (SDH) Screening
    d) Behavioral Assessment, as applicable
    e) Behavioral Treatment Plan, as applicable
    f) Specialized Nursing Assessment, as applicable
    g) Autism Diagnostic Testing, as applicable
    h) MichiCANS, as applicable
    i) LOCUS, as applicable

5. These documents must be uploaded to the 'Other Medical Documents' tab in the Medical section:
    a) Psychiatric Evaluation
    b) Medication Reviews
    c) Medication List
    d) Prescriptions, as applicable
    e) Occupational Therapy (OT), Physical Therapy (PT), or Speech, Hearing, and Language (SHL) Evaluations, as applicable

6. These documents must be uploaded to the 'Other Service Planning' tab in the Services/Planning section:
    a) Signed copy of the Individual Plan of Service (IPOS)
    b) Individualized Education Plan (IEP), as applicable

7. The CCBHC provider must adhere to the procedures found in Policy 12-004 "Service Authorizations" in the MCCMH Policy Manual. The exhibits under this policy provide detailed information on various services, eligibility and medical necessity information for the service, and the specific documentation requirements for each.

E. The CCBHC provider submits the prior authorization request to the MCCMH Managed Care Operations (MCO) division in the FOCUS EMR.

1. Authorization requests can be submitted up to sixty (60) calendar days, and no less than fourteen (14) calendar days, prior to the effective date of the authorization.

2. Authorization requests are submitted utilizing the Provider ID of the identified MCCMH provider for the service being requested.

3. If a provider has not yet been identified for the service, the request can be submitted utilizing the Generic Provider ID.

F. MCO has fourteen (14) calendar days to make a medical necessity determination on these requests.

1. When it is determined that the individual meets the medical necessity criteria for the authorization of the requested service, the authorization is approved in the FOCUS EMR and an electronic notification is sent to the CCBHC provider.

2. When it is determined that the individual does not meet the medical necessity criteria for all or part of the authorization of the requested service, the authorization is denied in the FOCUS EMR and an electronic notification is sent to the CCBHC provider. MCO sends a Notice of Adverse Benefit Determination to the person served and/or their legal guardian.

G. The CCBHC provider is responsible for coordinating all aspects of the referrals to the provider(s) for the approved service(s).

1. The CCBHC provider is responsible for ensuring the program admission layers for each provider are accurate in the FOCUS EMR.

2. Once an accepting provider is determined, the CCBHC provider adjusts the already approved Generic Provider ID authorization to reflect the accepting service provider in the electronic medical record.

IV. REFERENCES

Michigan Certified Community Behavioral Health (CCBHC) Handbook

V. RELATED POLICIES

A. MCCMH MCO Policy 2-014, "Assessment Services"

B. MCCMH MCO Policy 4-004, "Due Process System"

C. MCCMH MCO Policy 12-004, "Service Authorizations"

D. MCCMH Generic Provider ID Authorizations Procedure

VI. EXHIBITS

None

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	2/26/2025	Creation of Procedure	MCCMH MCO Division
2	4/17/2025	Implementation of Procedure	MCCMH MCO Division