

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL PROCEDURE

NUMBER: DC1011

NAME: AUTHORIZATION OF LEVEL 1 SERVICES BY PRIMARY CASEHOLDERS

INITIAL APPROVAL DATE:	09/08/2004	BY: Administrative Committee
(LAST) REVISION DATE:	03/17/2022	BY: Policy Committee
(LAST) REVIEW DATE:	03/21/2024	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish a procedure for authorization of Level 1 services by qualified Agency staff.

II. APPLICATION

Populations: **All**

Programs: **All Direct and Contracted**

III. POLICY

It is the policy of Sanilac County Community Mental Health Authority (Sanilac CMH) that authorization for Level 1 services be assigned to appropriately trained and qualified staff by the Agency. All authorizations will be approved or denied by Sanilac CMH Clinical Supervisor or COO. Authorization of services will occur as part of the Individualized Plan of Service (IPOS), IPOS Amendment, or Periodic Review process for individuals receiving services. The appropriateness of authorizations will be monitored by clinical supervisors on an ongoing basis and as part of their program's Utilization Review process. Corrective action will be implemented as needed to ensure that authorizations are completed on a timely basis and that they are in accordance with all protocols and funding standards.

IV. DEFINITIONS

Level 1 Services – those services identified by the Prepaid Inpatient Health Provider (PIHP) as eligible for local authorization with retrospective review by the PIHP Utilization Review.

Qualified Staff – those qualified staff who are authorized by the Privileging and Credentialing Committee to complete Bio-psychosocial Assessments for individuals receiving services in the Agency's current clinical software program. Qualified Staff (including nurses, clinical staff, and care managers) must have an authorized e-signature in the Agency's current clinical software program prior to exercising their responsibility to authorize Level 1 services.

V. STANDARDS

1. The Privileging and Credentialing Committee will review education, experience, and credentials and designate qualified staff who are authorized to complete Bio-psychosocial assessments for individuals receiving services.
2. Clinical Supervisors will ensure that any staff assigned to them with the privileges of a Qualified Staff are trained in all appropriate standards and procedures, including but not

limited to: the Medicaid Provider manual, PIHP Utilization Management policy, and PIHP procedure codes and definitions policy.

3. Training will be documented on the Clinical Staff Orientation Checklist and the Supervisor's New Hire Guide, and a copy shall be forwarded to the Privileging and Credentialing Committee Chair. The original will be forwarded to the HR personnel record.
4. Clinical Supervisors will ensure that each Qualified Staff is assigned an e-signature in the Agency's current clinical software by the Data Management department and that they have an understanding of the Agency's current clinical software program and forms.
5. Clinical Supervisors will monitor the performance and timeliness of assigned Qualified Staff through review of the IPOS and Periodic Review documents that they complete by approving or denying the service authorization section and through review of deficiencies identified as part of the program or PIHP Utilization Review processes.
6. When a deficiency is identified, the assigned Clinical Supervisor will conduct any additional training of the Qualified Staff as needed and/or require a plan of corrective action. If deficiencies cannot be brought into compliance utilizing these approaches, disciplinary action should be pursued, including the discontinuation of privileges as a Qualified Staff for the Agency.

VI. **ATTACHMENTS** – None

VII. **REFERENCES** - #0403 Supervisor's New Hire Guide