

Policies & Procedures

UTILIZATION MANAGEMENT

Section: Clinical Policies

Pages: 3

Subject: Utilization Management

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POLICY

DBH will admit clients to the least restrictive, most clinically appropriate program/service as defined in the PMHP contract. The medical necessity and level of service is determined by the clinical assessment. Changes in the level of care will be based on an on-going assessment that substantiates medically necessary treatment, and a written treatment plan that is negotiated with the client and that guides treatment. ICD-10/DSM and ASAM criteria are the utilized standards.

PURPOSE

To provide the mechanism to the consistent application of review criteria for authorization and denial decisions for all levels of care, thereby supporting clients to receive the appropriate services in the appropriate level of care (LOC).

PROCEDURE

1. Procedures to monitor the clinical necessity, appropriateness, and efficacy may include but are not limited to examination of electronic medical records for prospective, concurrent, and retrospective reviews.
2. DBH has written admission/continued care criteria for all levels of care.

3. Clients may move from one program/service or level of care to another as is clinically indicated.

A. The change in LOC will be reviewed according to established criteria.

4. LEVEL 1 – OUTPATIENT

A. Therapists may authorize initial, outpatient behavioral healthcare as is consistent with current policies and procedures as determined from the information in the assessment and evaluation. Continued authorization for on-going treatment or an increase in number or type of service(s) provided in this level of care will not be required if the documentation supports medical necessity.

B. UR/QAPI subcommittee, supervisors and clinicians will utilize criteria from the Level of Care guide and/or peer review tools to do sample reviews of charts to ensure standard criteria are being met.

5. LEVEL 2 – DAY TREATMENT

A. Clients must be experiencing symptoms that are causing significant impairment in age-appropriate functioning or their ability to maintain personal safety. Additionally, the symptoms must not be manageable through a lower level of care.

B. The DLA will be completed on all referrals to day treatment to objectively assess their current functioning and ensure they meet medical necessity for this level of care. The DLA will be readministered every 60 days to help determine ongoing medical necessity.

6. LEVEL 3 – RESIDENTIAL

A. Admission to the CRU is determined by the crisis worker in consultation with the on-call physician.

1. Daily reviews for continued medical necessity are conducted by a physician and treatment team for the CRU.

B. Admission to the RC, is determined by the admitting therapist in consultation with the nursing staff and, when medical intervention is required, in consultation with the on-call physician.

1. Daily reviews for continued medical necessity are conducted by the multi-disciplinary team, including the RC physician.

7. LEVEL 4 – INPATIENT HOSPITALIZATION

- A. To participate in services established in LEVEL 4, the initial authorization for admission will be determined by the DBH crisis worker, in consultation with the DBH on-call physician when indicated.
- B. A hospital-based crisis worker or inpatient facility staff member will also conduct their own evaluation to determine whether the client will be admitted to the acute inpatient unit.
- C. Continued authorization will be reviewed at predetermined intervals by the DBH Intensive Services Director and designated DBH hospital liaison.
- D. Mechanisms to ensure consistent application of review criteria:
 - 1. Review, at predetermined times, of hospital status as documented in the Appropriateness of Admission Criterion tool as established by the Utah Office of Inspector General.
 - 2. Evidence will be documented using the DBH electronic record in a UR service.

8. Mechanism to ensure consistent application of review criteria:

- A. Review of notes/documentation by providers is conducted via the UR process.
- B. Review of admission, continued care and level of care decisions are reviewed by the UR/QAPI committee using a random selection of charts.
- C. Evidence will be available through the Utilization Review (UR) clinical information note entered into each client's electronic record. A UR report is available in Credible, which identifies each client who has a UR service entered.

9. SUBCONTRACTED SERVICES

- A. Initial request regarding need for services is reviewed and approval is determined by the Corporate Compliance Officer (CCO) or her designee.
- B. For current clients receiving Levels 1, 2 & 3, the review and approval is determined by the client's clinical team.
- C. A clinical review by the CCO is conducted when an authorization for continued services is received from subcontracted providers.

D. Mechanisms to ensure consistent application of review criteria:

1. Review of notes/documentation by CCO from subcontracted providers is conducted when a new request for authorization is received.
2. Evidence will be available through the Utilization Review (UR) clinical information note entered into each client's electronic record. A UR report is available in Credible, which identifies each client who has a UR service entered.

10. APPEALS REGARDING A LEVEL OF CARE CHANGE

- A. All appeals are the responsibility of the Corporate Compliance Officer and follow the Service Authorization and Appeal policies.

11. UNDERUTILIZATION

- A. For clients who have had an acute hospitalization, DBH tracks the client from admission until a follow-up appointment is kept. If the hospital did not make a follow-up appointment, it is made during follow up. Outreach attempts continue until they have kept a follow-up appointment. Outreach attempts continue for one month or until the client has expressed that they are not interested in treatment. If a client is under commitment, outreach continues.
- B. A similar process is used for clients who are admitted to DBH's crisis residential unit (CRU). Upon discharge clients are scheduled within five business days for a follow up appointment. A CRU peer/ CM calls each client as a reminder prior to their follow up appointment
- C. In addition, DBH will also utilize existing census reports to identify any trends toward underutilization which are occurring in specific programs throughout the agency. These trends, potential causes and proposed solutions will be discussed on a quarterly basis in our QAPI meeting.