UTILIZATION MANAGEMENT

Policies & Procedures

DAVIS BEHAVIORAL HEALTH

SECTION:	Clinical Policies
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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.

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

1.0 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.

2.0 DBH will adopt the written criteria for all levels of care.

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

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

4.0 LEVEL 1 – OUTPATIENT:

4.1 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 as long as the documentation supports medical necessity.

4.2 Supervisors and clinicians will utilize Form 1015 to do sample reviewsof charts. Initial sampling criteria will be: 1) in services 2 years or more, 2) no significant change in Y/OQ for one year, 3) Y/OQ in normal range for last 6 months. Other requests for reviews may be made.

5.0 LEVEL 2 – RESIDENTIAL:

5.1 Authorization for services established in level 2 will be determined by the crisis worker and unit director or their designee.

5.2 Mechanisms to ensure consistent application of review criteria:
5.2.1 Documentation in Credible will support the level of care decision.

5.2.2 Daily reviews for continued medical necessity are conducted by a physician and treatment team for the CRU, and by the AMRC Program Supervisor and Crisis Director (or their designee) for AMRC

6.0 LEVEL3 – INPATIENT HOSPITALIZATION:
6.1 To participate in services established in LEVEL 3, the initial authorization for admission will be determined by the DBHcrisis worker, in consultation with the DBH on-call physician when indicated.
6.2 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.
6.3 Continued authorization will be reviewed at predetermined intervals by the DBH Crisis Director and designated DBH hospital liaison.
6.4 Mechanisms to ensure consistent application of review criteria:
6.4.1 Review, at predetermined times, of hospital status as documented in the Appropriateness of Admission Criteriontoolas established by the Utah Office of Inspector General.
6.4.2 Evidence will be documented using the DBH"Continued Stay" review forms which are scanned into the client's electronic record.

7.0 SUBCONTRACTED SERVICES**:**
7.1 Initial request regarding need for servicesis reviewed and approval is determined by the Corporate Compliance Officer (CCO) or her designee.
7.2 For current clients receiving Levels 1 & 2, the review and approval is determined by the client's clinical team.
7.3 A clinical review by the CCO is conducted when an authorization for continued services is received from subcontracted providers.
7.4 Mechanisms to ensure consistent application of review criteria:
7.4.1 Review of notes/documentation by CCO from subcontracted providers is conducted when a new request for authorization is received.
7.4.2 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.

8.0 APPEALS REGARDING A LEVEL OF CARE CHANGE:
8.1 All appeals are the responsibility of the Corporate Compliance Officer and follow the Service Authorization and Appeal policies.

9.0 UNDERUTILIZATION
9.1 For clients who have had an acute hospitalization, the DBH hospital liaison tracks the client throughout their stay, including the date of admission, hospital the client was admitted to, discharge date and any follow-up appointments. Phone calls

are initiated on the day after discharge to assess how the client is doing and remind them of follow-up appointments. If the hospital did not make a follow-up appointment, it is made at the time of this initial call. Clients are then called two to three times per week until they keep a follow-up appointment. If clients are difficult to reach, calls will continue for two to three times per week for one month. If a client is under mental health commitment an additional step is taken to inform the AOT team, who then does an outreach to try to locate the client. These outreaches are done up to three times.

9.2 A similar process is used for clients who are admitted to DBH's crisis residential unit (CRU). CRU clients are called by the peer specialist within three days of discharge to check on how the client is doing; and remind them of follow-up appointments. These clients are also called two to three times per week until they make an appointment.

9.3 DBH's AMRC, a crisis stabilization program offered for youth and their families will also implement a tracking system in which parents/guardians or youth admitted to this program will be called within three days of discharge to check on how the youth is doing and remind them of follow-up appointment. Parents will also be called two to three times until they make a follow-up appointment.

9.4 DBH is also calling any enrolled client who has an emergency room visit (for medical or psychiatric reasons) the next day. The peer specialist who calls inquiries about how the client is doing and asks if any additional mental health services are needed. If so, an appointment is made to address their needs.

9.5 For any client who does not engage in follow-up treatment, the client's name is forwarded to the DBH QAPI Committee to address and resolve any system issues that may be a barrier impacting underutilization.

9.6 In addition, DBH will also utilize existing census reports to identify and 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.