

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

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**Section Number 183**

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### **Policy 183 – Utilization Management**

#### **I. POLICY**

It is the policy of Southern Highlands Community Mental Health Center that all consumers have access to appropriate and medically necessary services by qualified/credentialed staff in the least restrictive setting.

#### **II. DISCUSSION**

The Utilization Manager operates under the authority of the Chief Executive Officer and with Program Directors to ensure that Southern Highlands CMHC provides high quality behavioral healthcare services with optimal outcomes in the least restrictive setting. The Utilization Manager works with the management staff and quality assurance staff to determine if the services provided are appropriately implemented and based on a documented thorough assessment process.

#### **III. PROCEDURE**

##### **A. Determine Appropriate Level of Care**

1. Evaluation of the consumer's need for medically appropriate services will be determined by the assigned case manager / service coordinator in cooperation with key IDT members. The case manager / service coordinator will complete the necessary assessments to comply with the appropriate funding source.
2. After completion of necessary assessments, the appropriate paperwork for each funding source will be completed. The case manager / service coordinator will document the need for a comprehensive array of services to meet the needs of the consumer.
3. An IDT meeting will be convened as per the guidelines of the funding source. (Medicaid Low End consumers to not require an IDT meeting.)
4. The appropriate request for services forms will be completed by the case manager / service coordinator requesting the services recommended by the IDT. (For example, SH-151 Medicaid Request for Services Form will be used to request services for non-Waiver services, SH-152 Waiver Purchase Plan will be used to request services for Title XIX MR/DD Waiver services.)

5. The case manager / service coordinator will ensure all necessary information is entered into the CMHC-MIS within the mandatory deadlines of the funding source.
6. The Utilization Management Specialist will check all forms received for accuracy and congruency of information to ensure that services requested are within guidelines of APS Utilization Management Manual. Clinical data required for prior authorization of services will be submitted to APS after the information is entered. Please refer to Policy 502 for uses and disclosures of Protected Health Information (PHI).
7. Upon receipt of service authorizations from APS, the Utilization Management Specialist will notify the appropriate staff of any problems (rollbacks, closures, auto closures, pended claims, error files, modifications, requests for documentation, etc.) by the end of the same day of business. When problems are not addressed in a timely manner, the Utilization Management Specialist will notify the Utilization Manager.
8. The Utilization Manager is the Center's liaison with the ASO (APS) and the Program Directors of the Center. When there are problems with the service authorization (as detailed in #7) the Utilization Manager is responsible for taking steps to rectify the problem keeping within the APS Utilization Management guidelines and Southern Highlands CMHC policy.

B. Continuation of Services

1. The Utilization Management Department will compile Exception Reports from the CMHC/MIS System daily as Service Activity Logs are processed.
2. The Utilization Management Department will notify Program Directors of the services that were provided without authorization.
3. The Program Directors will review status of service authorizations with assigned case manager / service coordinator to determine need for submission or re-submission of request. Case manager / service coordinator or assigned clinician will submit appropriate requests for authorization.

C. Continuous Improvement

1. Medicaid Services Review will be conducted by the Quality Assurance Specialist as per the guidelines of policy section #181. The results of the

review will be discussed with the management team who will be responsible for implementing necessary staff training, needed policy changes and systems adjustments.

2. The Utilization Manager will coordinate activities with the Program Directors to ensure streamlined communications to the clinical staff regarding changes in procedures and/or regulations from APS, BHHF, or any third party payor.
3. All denied and pended requests for services will be investigated to ensure accuracy of reported data. Program Directors will be notified of any current or pending breaks in services by the Utilization Manager.
4. Any reduction of services based on utilization management or APS action will be discussed with the consumer by the clinician assigned to the case.
5. Any denial of services based on APS action will be discussed with the consumer by the clinician assigned to the case. The consumer may appeal a denial of services as per Southern Highlands CMHC policy section 197.

## **I/DD WAIVER PROCEDURES**

### **A. Determine Appropriate Level of Care**

1. The Service Coordinator will compare the assessments completed by the ASO (APS) to determine the service needs of the consumer.
2. The Service Coordinator will assess the needs to service unit usage report.
3. An IDT meeting will be convened. They will ensure that services are appropriate and review the unit usage for the past year.
4. The service Coordinator will complete the treatment plan (I/DD 5) based on the I/DD manual requirements.
5. The Supervisor of the Service Coordinator will review the completed I/DD 5 to ensure that it contains the necessary components and services.
6. The Service Coordinator will develop the Purchase Plan based on the approved treatment plan (I/DD 5) and submit it to the UM department.
7. The Utilization Management Specialist will check all forms received for accuracy and congruency of information to ensure that services requested are within guidelines of I/DD Waiver Manual. Clinical data required for

prior authorization of services will be submitted to APS after the information is entered. Please refer to Policy 502 for uses and disclosures of Protected Health Information (PHI).

8. Upon receipt of service authorizations from APS, the Utilization Management Specialist will notify the appropriate staff of any problems (rollbacks, closures, auto closures, pended claims, error files, modifications, requests for documentation, etc.) by the end of the same day of business. When problems are not addressed in a timely manner, the Utilization Management Specialist will notify the Utilization Manager.
9. The Utilization Manager is the Center's liaison with the ASO (APS) and the Program Directors of the Center. When there are problems with the service authorization (as detailed in #8) the Utilization Manager is responsible for taking steps to rectify the problem keeping within the APS Utilization Management guidelines and Southern Highlands CMHC policy.

B. Continuation of Services

1. The Utilization Management Department will compile Exception Reports from the System daily as service activity is processed.
2. The Utilization Management Department will notify I/DD Waiver Supervisor and appropriate Program Director of the services that were provided without authorization.
3. The I/DD Waiver Supervisor will review the status of service authorizations to determine need for submission or re-submission of request or change in services. The Service Coordinator will submit required requests for authorization.

C. Continuous Improvement

1. The Quality Assurance Specialist will complete an internal audit of 10% of all I/DD consumers' records each month.
2. The report will be distributed to all Program Directors to evaluate any issues in their department. Staff training and disciplinary action will result from new and/or ongoing issues outlined in the report.