



UR 201

Utilization Review

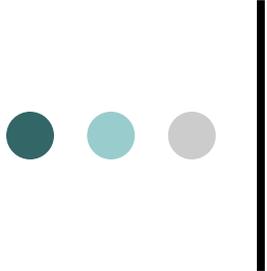
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Medical Necessity Overview



UTILIZATION REVIEW

- Manage resources within a system
- Shaping of a system to support development of a continuum of care
- Support full range of service
- Identify gaps in services



UTILIZATION REVIEW

- Utilization Review – Process used to evaluate requested health care services and determine if they are Medically Necessary
- Utilization Management – A system's overall strategy for managing service utilization by individual clients and by the system as a whole
- Utilization Management combines care management, resource management, and UR. It uses financial data to determine trends and service use patterns



ROLE OF UTILIZATION REVIEW

- Determine MN of service requested – place
- Determine duration of service requested- time
- Determine intensity of service required- amount



MN

- Those procedures, products, services that are provided to Medicaid recipients that are necessary and appropriate for the presenting diagnosis, palliative, curative, or restorative treatment of a mental health or SA condition



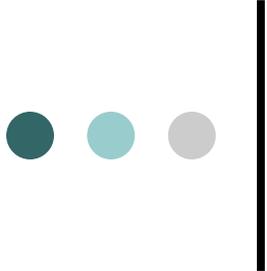
CONSIDERATIONS IN MN

- EBP or best practice models
- Is this the right service?
- Is the service requested enough to treat the condition described?
- Is the service requested too much to treat the condition described?
- No “fail first” criteria
- “First do no harm”



General UR Thinking

- Approve or Deny based on Entrance Criteria
- Think higher level of care/lower level of care
- Set up next review
- Other Considerations
 - What therapeutic activities are to be provided?
 - Are the activities requested within the scope of the service requested?
 - Where will the services be provided?
 - If initial, what are the expected goals?
 - If concurrent, how long has consumer been receiving this service? AND what impact has this service had on consumer's behavior and/or symptoms?
 - Are there alternative services that should be considered?
 - Treatment failure



MATERIAL AVAILABLE FOR UR DETERMINATION

- ITR/ORF – material submitted in forms
- Severity of symptoms-none to severe
- Person Centered Plan
- Phone call-assessments, testing, etc.
- Pend for peer/MD review
- Trust the info, but verify



IMMEDIATE REVIEW

- Review written material on form
- Assesses imminent risk
- Potential for suicide/harm to self
- Potential for danger to others
- Medication review
- Dangerous Substance Abuse issues
- Is level of risk addressed by proposed interventions ?



Medical Necessity

Services that Cross Age Groups &
Populations



Diagnostic Assessment

- ORF2
 - Carefully review risks and impairment section
- Additional Considerations
 - Why is second DA in 1 yr period being requested?
 - What is the event/issue requiring the request for a second DA?
 - (Original DA unavailable, original DA is missing information)



Mobile Crisis Management

Review occurs after first 32 units of service

ORF2

- Carefully review risks and impairment section
 - Current Risks – severe, or moderate
 - Current Impairments – primarily severe symptoms, some moderate



Mobile Crisis Management

○ **Additional Questions**

- What was the precipitating event?
- Has the crisis been clearly defined?
- If the consumer has a first responder, has that individual been involved in the intervention?



Mobile Crisis Management

○ **Additional Questions**

- Is any progress being made toward stabilization and is MCM intervention likely to be able to resolve the crisis?
- If the consumer appears to need a higher level of care, has the process for obtaining this been begun?



Outpatient

- Children
 - 26 unmanaged visits
- Adults
 - 8 unmanaged visits
- Required Documents
 - ORF2
 - Service Order
 - Referral #



Partial Hospitalization

○ ITR

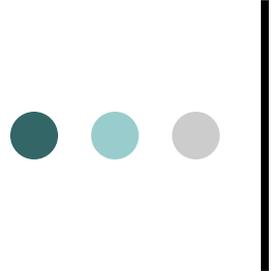
- Carefully review the precipitating event - (expect crisis situation or step-down from inpatient)
- Current Risk – expect to see rating of moderate
- Current Impairments – rating at least a severe on areas of Mood disturbance, Anxiety, Psychosis, Thinking, Impulsiveness, and/or Substance Abuse



Partial Hospitalization

- **ITR**

- Mental Health Treatment – not compliant with outpatient treatment, number of psychiatric hospitalizations
- Psychotropic medication – some to limited adherence
- Co-occurring Substance Abuse issues - ASAM – minimal risk of withdrawal, stable medical



Partial Hospitalization

○ **Additional Questions To Consider**

- Would failure to provide this service result in psychiatric hospitalization?
- What is the transition plan (current consumer in system)? What are the services identified in the transition plan?
- What is the discharge plan (consumer new to system)? What services are identified?



Partial Hospitalization

- **Additional Questions To Consider**
 - What progress has been made on goals?
 - Is there an increase in risk and/or impairment?



Partial Hospitalization

- Possible Severity Profile
 - Step down from hospital for someone who has history of recidivism
 - At risk of out of home placement
 - Motivated for treatment
 - Able to sustain attention to treatment for an extended period of time.



Inpatient

- Adult
 - ITR
- Child
 - ITR
 - CON (if IMD)



Inpatient

○ **Additional Questions**

- Is this a commitment?
- Is there continued risk/impairment that demonstrates medical necessity for this level of care?
- Is further stabilization necessary due to medication changes?
- What discharge planning is taking place?



Criterion 5

- Applies to children/adolescents only
- Inpatient stays with no appropriate discharge services available
- ITR, CON must be part of original request for authorization
- Service Needs Discharge Planning Form



Targeted Case Management (TCM)

- Targeted Case Management services are for children and adults with Intellectual and Developmental Disabilities (I&DD).
- Targeted Case Management services provide; assessment, care planning, referral, linkage, monitoring and follow-up.



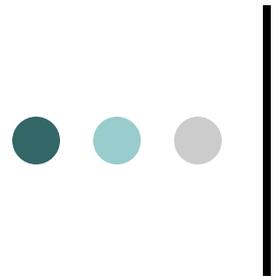
Targeted Case Management (TCM)

- Children over three years of age and adults who are diagnosed with developmental disabilities or delays, or mental retardation prior to age 22 are eligible for Targeted Case Management Services.
- TCM services continue for as long as an individual needs assistance with coordination of services.



Targeted Case Management (TCM)

- Expected outcomes would be that the necessary services and supports are arranged for and monitored by the TCM provider agency.
- TCM is NOT a CAP-MR/DD waiver service.



Targeted Case Management (TCM)

- If a child has been referred to a state foster care program, any activities performed by the foster care case worker that relate directly to the provision of foster care services cannot be covered as TCM Services for MR/DD.
- Services are not covered when the services provided are not outlined in the Individualized Family Service Plan (IFSP) or the Person Centered Plan (PCP).
- TCM services do not include payment for the provision of direct services (medical, educational, or social) to which the Medicaid recipient has been referred.



Targeted Case Management

- **Additional Questions To Consider**
 - Are the goals specific to and appropriate for TCM activities (assessment of needs, coordination, linkage and monitoring of services)?
 - Is the frequency of the requested TCM service congruent to the needs of the individual?
 - Is the frequency consistent with the limitation in the service definition (no more than 5 hours per month)? However if justified more than 5 hours can be approved.



Targeted Case Management

- **Additional Questions To Consider**
 - Do assessments support the diagnosis of Developmental Disabilities, Mental Retardation?
 - Does the plan include coordination of services/supports needed to address any co-occurring diagnosis(s)?



Experiential Learning

Inpatient Request