WORK PROCESS

DEPARTMENT: Medical Management	**DOCUMENT NAME:** Medical Necessity Review for Behavioral Health and Substance Use Disorder
PAGE: 1 of 7	**REPLACES DOCUMENT:**
APPROVED DATE: 8/22/2017	**RETIRED:**
EFFECTIVE DATE: 1/1/2018	**REVIEWED/REVISED: 6/4/18, 7/18/18**
PRODUCT TYPE: All	**REFERENCE NUMBER: WA.UM.02.03**

SCOPE:
Coordinated Care Medical Management Departments for Behavioral Health and Substance Use Disorder (SUD) Reviews for members enrolled in Integrated Managed Care and Behavioral Health Services Only

PURPOSE:
To outline guidelines for utilization review of all behavioral health levels of care and substance use disorder treatment, ensuring that all staff involved in the Utilization Management (UM) process consistently perform utilization review according to Coordinated Care's UM review criteria.

WORK PROCESS:
Utilization Review for Inpatient, Residential Treatment, and Partial Hospitalization:

A. When the Utilization Management (UM) Department is notified of a member's admission to a facility, a Behavioral Health UM Specialist-BH Specialist (UM Specialist-BH) performs a pre-certification and/or admission review telephonically with the Utilization Review (UR) representatives, or with behavioral health providers at the admitting facilities.

   The UM Specialist-BH obtains information to assess medical necessity at the current or requested level of care from the attending or admitting physician, or primary psychotherapist, or other health care providers designated by the facility as the contact for utilization review.

   If the initial inpatient admission does not meet clinical criteria, the UM Specialist-BH will refer the authorization to the Medical Director by sending an Advisor Review through TruCare per WA.UM.02.01-*Medical Necessity Review* and follows the process outlined. InterQual is utilized for level of care review for inpatient behavioral health services. ASAM Level of Care Guidelines are utilized to make medical necessity decisions for all SUD services. All members are entitled to an assessment of need for SUD services. If the available necessary information collected by the UM Specialist-BH meets the medical necessity criteria, the UM Specialist-BH will approve the requested service within the timeframes as required below:

i. Standard Psychiatric Inpatient Service (pre-service requests) will be acknowledged within 2 hours of receipt of request and a determination will be issued within 12 hours of the receipt of request, not to exceed 3 calendar days with documented request for information (RFI) completed. The determination shall be provided orally within the 12 hour timeframe for both an approval and denials. The UM Specialist-BH will document efforts to acknowledge receipt of request and determination. The documentation will include information about who they spoke to, date, time and UM Specialist-BH contact information provided.

   a. The date & time of receipt is documented as when the request is made to the Plan, whether the plan is open for business on the date or time the request is received; regardless of whether the Plan has all the information necessary to make the decision, including requests from either members or providers.

   b. The Medical Director and/or UM staff documents all relevant information related to the clinical decision in the authorization system.

   c. If the determination results in a denial the Medical Director or designee will notify the provider orally within 12 hours from the time of request and issue a written or electronic notice of the decision including reason, right to a peer-to-peer discussion, right to appeal and the appeal process to the treating physician, servicing provider/facility, and member within one (1) calendar day from the date of request.

ii. UM Specialist-BH will approve Urgent Preservice Decisions, Immediate and Non urgent Preservice Decisions within the timeframes required per WA.UM.05-*Timeliness of UM Decisions and Notifications.*

1. Non-urgent, Preservice Decisions include:
    a. Transcranial Magnetic Stimulation (TMS) (InterQual)
    b. Applied Behavioral Analysis (ABA) (Policy)
    c. Outpatient Therapy
    d. Electric Convulsive Therapy (ECT) (InterQual)
    e. Behavioral Health Medication Management
    f. Behavioral Health Partial Hospitalization Program (BH PHP) (InterQual)
    g. Day Treatment (InterQual)
    h. Psychological Testing (Policy)
    i. Wraparound Intensive Services (WISe) (Policy)
    j. Program of Assertive Community Treatments (PACT) (Notification)
    k. Medicaid Personal Care Services (MPC) (Policy)

iii. Emergent Decisions require notification only within 24 hours followed by concurrent review. Determinations for emergent decisions are issued **within one calendar day**, not to exceed 3 calendar days upon receiving the notification with documented request for information (RFI) completed. (See section A.i. above for Standard Psychiatric Inpatient Service pre-service requests)

1. Emergent Decisions include:
    a. Emergent Inpatient Psychiatric Care (InterQual)
    b. Emergent Detoxification (ASAM)
    c. Behavioral Health Residential Treatment Center – Chemical Dependency (BH RTC-CD) (ASAM)
    d. Behavioral Health Residential Treatment Center – Mental Health (BH RTC-MH) (ASAM)

B. All approval decisions are based on the information available to the treating provider at the time the care is provided.

i. Upon initiating the authorization for inpatient services, the UM Specialist-BH will complete a referral to Case Management –BH for collaborative support on member transition planning.

ii. When initial approval is reached either by criteria being met or Medical Director Review, the facility will be notified orally and via fax of the authorization number and the date when additional medical records are required. The next review date will be documented in the authorization.

iii. The UM Specialist-BH determines the next review date using the number of days or services authorized based on the individual's severity or complexity of illness, intensity of services needed and discharge planning activity.

C. General State Funds (GSF): Coordinated Care will prioritize authorization for the following GSF services first:
   i. Room and board for medically necessary residential services including Evaluation and Treatment Centers, inpatient, and residential substance abuse disorder treatment
   ii. PACT/WISe Services

D. Transition/Discharge Planning: The UM SPECIALIST-BH team collaborates with the member, their family/caregiver(s), facility providers and staff, community resources, and other identified stakeholders to:
   i. Assess the member's baseline level of functioning versus current level of need and unmet psychosocial needs to develop a safe transition plan that supports the member
   ii. Limitations, barriers, or factors that would affect discharge follow up
   iii. Identified Social Determinants of Health
   iv. Follow up with PCP/Specialty Care at an appropriate interval as indicated by acuity
   v. Transportation to follow up care and pharmacy
   vi. Eligibility for SSI
   vii. Housing including Long Term Service Support assessments

viii. Need for authorization of services including but not limited to home health, therapy, SUD treatment, Mental Health services, DME, and or hospice

ix. Continuously evaluate the effectiveness of the transition plan throughout the members stay

x. Monitor member progress and understanding of the transition plan

xi. Ensure all identified supportive service needs are in place in advance of the members transition

xii. Ensure PCP follow up has been scheduled prior to transition from the acute care setting

xiii. Ensure any services are in place prior to transition from the current setting

D. The ultimate goal of the UM SPECIALIST-BH intervention is to collaboratively create a safe transition that reduces length of stay, and prevents readmissions.

i. Safe transitions are created via early engagement with the member and connection with the hospital to plan for members' transition.

ii. Reductions in length of stay are supported by collaborating with the hospital and member for:

a. early identification of barriers,
b. anticipation of member needs,
c. ongoing awareness of the members status,
d. clinical needs,
e. community options,
f. development of transition plan A and transition plan B and,
g. ensuring all supportive services and needs are in place in advance of the discharge date

iii. Readmission prevention is supported via:

h. collaborative comprehensive member assessment,
i. follow up appointment in place prior transition out of the facility

j. encouraging and supporting ongoing member education during the stay about medication, community resources, and clinical condition
k. Participation in multidisciplinary rounds (internal rounds/hospital care conference) for case support and to assist in the identification of areas of concern and member needs.
l. Educating the patient and family/caregiver(s) about relevant community resources

REFERENCES:

ATTACHMENTS:

DEFINITIONS:
ASAM- American Society of Addiction Medicine; a set of criteria utilized for leveling of care for substance use disorder ranging from low intensity outpatient services to high intensity inpatient treatment
Partial Hospitalization- a structured program of outpatient psychiatric services provided as alternative to inpatient psychiatric care
Transcranial Magnetic Stimulation- Magnetic method of brain stimulation to help with major depression
Electroconvulsive Therapy -procedure where electric current are passed through brain to reverse symptoms of certain mental illnesses
Wraparound Intensive Services - WRAParound intensive services for children up to age 21
Program of Assertive Community Treatment -Program of Assertive Community Treatment for members age 18 and above
Partial Hospitalization Program - structured *program* of *outpatient* psychiatric services as an alternative to inpatient psychiatric care.
Children's Long term inpatient program - CLIP is the most intensive inpatient psychiatric treatment available to WA State residents; ages 5-18 years old
Residential Treatment - Live in Healthcare Facility providing treatment for

substance use or mental illness
Medicaid Personal Care Services – MPC Program that provides assistance with activities of daily living to individuals, ONLY paid by CCW when need for MPC is solely due to Behavioral Health

REVISION LOG

REVISION	DATE
Updated and added definitions, updated authorization time frames to reflect current behavioral health guidelines	6/4/18
Updated reference to ASAM Level of Care Guidelines	7/18/18

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Vice President Medical Management: Approval on File