



PENINSULA RSN

UTILIZATION MANAGEMENT POLICIES AND PROCEDURES

Policy Name: PENINSULA REGIONAL ASSESSMENT
TOOL (PRAT)

Policy Number: 7.05

Reference: 42 CFR 438.210, WAC 388-865-0225

Effective Date: 1999

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Attachment: Outpatient Access and Authorization Standards Grid
- Form: Peninsula Regional Assessment Tool (PRAT)
- Policy: Authorization for Outpatient Services Based on Medical Necessity

PURPOSE

This policy applies to all Peninsula Regional Support Network (PRSN) enrollees and contracted PRSN provider agencies. The Peninsula Regional Assessment Tool (PRAT) is the standardized authorization request tool, used to request and authorize outpatient services. The PRAT is updated and revised as needed.

PROCEDURE

1. All PRSN Contracted Provider Agencies use the PRAT

All PRSN contracted mental health provider agencies use the PRAT as the standard mechanism for requesting outpatient mental health service authorization, including:

- Admission
- Continuation of an expired benefit period
- Change of level requests
- Inactivation

The PRAT is NOT used to request crisis, inpatient, or residential services.

2. Roles

- a. Network Provider Agency: The primary assigned clinician, under the supervision of a mental health professional, or a mental health professional completes the PRAT with current information and submits it to the PRSN contracted Administrative Service Organization (ASO) requesting authorization of services.
 - For children and youth, an agency-based child mental health specialist must review the authorization request prior to submitting to CommCare for a determination.
- b. The PRSN ASO Utilization Management contractor:
 - Provides staff members with the clinical expertise in treating the client's condition to review the PRAT service level request.
 - Reviews the PRAT for completeness, including Medicaid eligibility verification.
 - Requests any additional information required to make an authorization determination.
 - May consult with the staff completing the PRAT, when appropriate.
 - Using the PRSN Level of Care criteria, makes an authorization determination for the requested outpatient mental health services.
 - Returns PRAT to provider agency with the authorization determination specified.
 - Must make the authorization request within the contract specified timeframes. Reference PRSN grid: Outpatient Access and Authorization Standards Grid
 - For denial of services determination, notifies provider and individual requesting the services. Reference PRSN Policy: Authorization for Outpatient Services Based on Medical Necessity
- c. Network Provider Agency, upon receiving authorization determination:
 - If the PRAT is pended, immediately follows-up with the ASO to provide the requested additional information
 - If authorized as requested, the authorized PRAT becomes part of the agency permanent electronic medical record
 - Implements the actions outlined in the PRSN Utilization Management Protocols

3. PRAT is completed at Specific Treatment Intervals

The network provider completes the PRAT and submits it, as well as any requested supporting documentation to the PRSN Utilization Management contacts within the specified timeframes:

- For admission requests, the immediately following the intake assessment.
If the request is fourteen (14) days following an intake assessment, the request must include a PRAT Extension request statement.

- For continuing stay requests when an administrative authorization period expires, a month prior to services expiring (due to service hours or date) or within 14 (fourteen) days after an authorized episode has expired.
- For change of service level requests, as client needs change (increase or decrease) within a current authorized episode or within 14 (fourteen) days prior to services expiring (due to service hours or date) or after an authorization has expired
- For inactivation requests, between two weeks prior or following the inactivation request date.

For Medicaid individuals, the inactivation effective date must be ten (10) days following the date of the mailed Notice of Action (NOA).

*Exception: When the client temporarily resides in a Children's Long Term Inpatient Facility (CLIP) or Western State Hospital (WSH). The admission PRAT will be completed upon the client's return to outpatient services.

4. PRAT Evaluates Treatment Progress and Outcomes

Through use of the PRAT, the PRSN tracks:

- Client treatment progress
- Outcomes through GAF/CGAS/DC-03 scores
- Number of requests for changes in service level,
- Number of admission, continuing stay, and inactivations- monthly trends
- Resource management- delivery system adequacy, trends, projected gaps

MONITORING

This policy includes contract and statute mandates.

1. This policy is monitored through the use of the PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Clinical Chart Review
 - Exhibit N Provider Complaint and PRSN Grievance Tracking
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - UMC Monthly Authorization Tracking Report
 - Periodic Under and Over Utilization Projects
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.