



PENINSULA RSN

CLINICAL POLICIES AND PROCEDURES

Policy Name: OVER AND UNDER UTILIZATION
PROJECTS

Policy Number: 7.07

Reference: 42 CFR, DSHS Contract

Effective Date: 7/2007

Revision Date(s): 12/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Advance Directives
- Policy: Corrective Action Plan
- Policy: Crisis Prevention Plan Standards
- Policy: Practice Guidelines
- Policy: Standard Chart Reviews
- Tool: Practice Guidelines Chart Review Tool
- Tool: Standard Chart Review Tool

PURPOSE

The Peninsula Regional Support Network (PRSN) will ensure the network providers will effectively coordinate medically necessary mental health services for individuals who meet the definition of over and under utilization in a given time period.

The PRSN will ensure that medically necessary services are provided in the least restrictive setting, while monitoring the costs and efficiently managing intensive resources that can be associated with these projects.

The PRSN ensures and monitors for consistent application of requested, authorized, and provided services to detect over and under utilization. The PRSN network providers participate in the process.

DEFINITIONS

Over Utilization is defined as: An individual who has had more than one hospitalization within a thirty (30) day time period. This is an inpatient utilization project.

- On occasion, there are individuals that have brief inpatient respite episodes built into their discharge plan; these individuals are not included in this definition.

Under Utilization is defined as: An individual who is authorized for Level II outpatient services and has received less than five (5) face to face services within a six (6) month period. This is an outpatient utilization project.

PROCEDURE

PRSN has a variety of mechanisms in place to detect both overutilization and underutilization of services. These projects were developed in consultation with stakeholders through the Advisory Board, Quality Improvement Committee (QUIC), Utilization Management & Clinical Directors Committee (UMC) and may be informed by quality assurance monitoring results including noted utilization management trends.

Project Monitoring

1. The PRSN will identify all individuals that meet the definition of over and under utilization, for a specific period of time, through regional database reports.
2. The PRSN may conduct targeted chart reviews for individuals that meet over or under utilization definitions.
 - The over utilization chart review items are located on the crisis chart review tool, high utilizer section.
3. The under utilization review may include an analysis of patterns such as use of crisis services, hospitalizations, and diagnosis. Services of identified clients are reviewed to examine barriers to treatment, risk factors, as well as appropriateness of service level authorization.
4. The PRSN may request the network providers to participate in the chart review process.
 - The network provider shall use the review method identified by the PRSN. An agency will be expected to report back to the PRSN within thirty (30) days from the request.
5. As a result of the chart reviews, regional and agency-specific utilization patterns may be analyzed, such as:
 - use of crisis services
 - use of advance directive

- hospitalizations
 - diagnosis
 - barriers to outpatient treatment, and
 - appropriateness of outpatient service level authorization.
6. Chart review and project results will be tabulated and reported to the QUIC. QUIC will delegate notable trends to the appropriate regional committee for problem solving.
 7. The PRSN may request the agency for a corrective action, if necessary.
 8. PRSN staff may request a meeting with the agency to discuss specific trends of concern. The purpose of the meeting would be to further analyze the identified trend and discuss possible solutions with the agency.
 - Case specific concerns may be addressed with provider clinical staff.

Target Population- expectations of clinical care

1. Individuals meeting the project definitions for over utilization, who are not currently enrolled at a network agency for outpatient services will be offered an Intake Assessment, as appropriate.
2. Individuals currently authorized for outpatient services and meet the definition under or over utilization may be referred for consideration for a change of outpatient level authorization on the Peninsula Regional Assessment Tool (PRAT) to access/provide more appropriate level of service.
 - a. A Crisis Prevention Plan will be required for all enrolled individuals who meet the definition of high utilizer. The plan shall clearly specify ways to prevent decomposition, as well as:
 - Early warning signs of increased psychiatric symptoms that are particular to the individual client.
 - Proactive and progressive measures to divert or prevent a crisis or psychiatric hospitalization.
 - Client's family and other supports' roles, directives, and responsibilities, (with the consent of the client.) and contact information.
 - A clearly defined progressive process that includes:
 - 1) Specific steps the client will take when his or her symptoms begin to increase.
 - 2) Specific steps or actions a client's family or significant others will take to assist the client (with client's consent.)
 - 3) Intervention strategies the primary clinician and other care providers can employ to assist the client in averting a crisis.

- b. A copy of the Crisis Prevention Plan shall be given to the individual.
 - The local Crisis Response Team shall have unencumbered access to, or be provided a copy of, the Crisis Prevention Plan.
3. The PRSN may choose to provide intensive oversight of care provided by the network (including crisis, outpatient, residential, evaluation and treatment, and inpatient services) for PRSN individuals who are identified as over utilizers of inpatient services.

Such intensive oversight will be conducted by PRSN clinical staff, and may include the contracted Administrative Service Organization (ASO). All PRSN clinical staff members are Mental Health Professionals with the availability of licensed mental health professionals and child specialists. ASO is URAC accredited, with multi-dimensional experienced behavioral health clinical staff.

- The PRSN does not discriminate and protects against provider discrimination for serving high risk populations, costly treatment, or specializes in conditions that require costly treatment.

Other Related Monitoring Activities

1. The PRSN tracks over and under utilization throughout our system in a number of related monitoring activities. These other monitoring activities include:
 - Quarterly Provider Performance Summary Reports- bed days by 1000 indicator, penetration rate
 - Child and Youth Inpatient Extension Authorization- process includes PRSN staff case specific review
 - PIP- request to intake, follow-up appointment from inpatient discharge
 - Quality Indicator Tracking
 - Network Agency Administrative Reviews- review of zero PRATs Monthly Provider Chart Reviews
 - Exhibit N Provider Complaint and PRSN Grievance Tracking
 - UMC Monthly Authorization Tracking Data and Graphs
 - MSHIP survey

MONITORING

1. This policy is a contract requirement. This policy will be monitored through use of PRSN:
 - Monthly Provider Chart Reviews

- PRSN QUIC, Clinical Directors and UM Committees may provide oversight/ monitoring and review for targeted issues for trends and recommendations
 - PRSN regional database report compiled quarterly to identify the target population
2. If a provider performs below expected standards on a specific chart review tool, a corrective action plan will be required for PRSN approval.