



SALISH BHO

UTILIZATION MANAGEMENT POLICIES AND PROCEDURES

Policy Name: OVER AND UNDER UTILIZATION PROJECTS

Policy Number: 7.06

Reference: 42 CFR, State Contract

Effective Date: 7/2007

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Approved by: SBHO Executive Board

CROSS REFERENCES

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

PURPOSE

The Salish Behavioral Health Organization (SBHO) will ensure the network providers will effectively coordinate medically necessary behavioral health services for individuals who meet the definition of over- and underutilization in a given time period.

The SBHO 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 SBHO ensures and monitors for consistent application of requested, authorized, and provided services to detect over- and underutilization. The SBHO network providers participate in the process.

DEFINITIONS

Overutilization 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.

Underutilization is defined as: An individual who is authorized for Level I outpatient services and has received less than five (5) face to face services within a six (6) month period or is receiving treatment in frequency or type of service than less than what is clinically indicated. This is an outpatient utilization project.

PROCEDURE

SBHO 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 and Clinical Directors Committee (UMC) and may be informed by quality assurance monitoring results including noted utilization management trends.

Project Monitoring

1. The SBHO will identify all individuals that meet the definition of over- and underutilization, for a specific period of time, through regional database reports.
2. The SBHO may conduct targeted chart reviews for individuals that meet over- or underutilization definitions.
3. The underutilization 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 level of care and services provided.
4. The SBHO may request the network providers to participate in the chart review process.
 - The network provider shall use the review method identified by the SBHO. An agency will be expected to report back to the SBHO 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 directives
 - hospitalizations
 - diagnosis
 - barriers to outpatient treatment, and
 - appropriateness of outpatient service provision

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 SBHO may request a network provider to submit a corrective action plan, if necessary.
8. SBHO staff may request a meeting with the network provider 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 network provider.
 - Case specific concerns may be addressed with provider clinical staff.

Target Population - expectations of clinical care

1. Individuals meeting the project definitions for overutilization, who are not currently enrolled at a network provider for outpatient services will be offered an intake assessment, as appropriate.
2. Individuals currently enrolled in outpatient services and meet the definition of under- or overutilization may be referred for consideration of treatment modalities offered to the individual.
 - 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 decompensation, 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, 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 supports 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 SBHO may choose to provide intensive oversight of care provided by the network (including crisis, outpatient, residential, evaluation and treatment, and inpatient services) for SBHO individuals who are identified as overutilizers of inpatient services.

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

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

Other Related Monitoring Activities

1. The SBHO tracks over and underutilization throughout our system in a number of related monitoring activities. These other monitoring activities include:
 - Child and Youth Inpatient Extension Authorization process includes SBHO staff case specific review
 - Review of all denial requests.
 - Review of services given to consumers and whether they are adequate for the consumer's level of care and clinical presentation. This is addressed during annual chart reviews.
 - Quality Indicator Tracking – Readmission Rates
 - Network Agency Administrative Reviews – review of zero-PRATs Monthly Provider Chart Reviews
 - SBHO Grievance Tracking
 - UMC Monthly Enrollment Tracking Data and Graphs

MONITORING

This policy is a contract requirement.

1. This policy will be monitored through use of:
 - Annual Provider Chart Reviews
 - SBHO QUIC, Clinical Directors, and UM Committees may provide oversight/ monitoring and review for targeted issues for trends and recommendations
2. If a provider performs below expected standards on a specific chart review tool, a corrective action plan will be required for SBHO approval.