



## SBH-ASO POLICIES AND PROCEDURES

**Policy Name:** UTILIZATION MANAGEMENT REQUIREMENTS

**Policy Number:** UM801

**Effective Date:** 01/01/2020

**Revision Dates:** 12/16/2020; 2/24/2022

**Reviewed Date:** 07/26/2019;

**Executive Board Approval Dates:** 11/1/2019; 1/15/2021; 3/18/2022

### PURPOSE

To provide an overview of the Utilization Management Requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO). The SBH-ASO has a utilization management program (UMP) to ensure the application of resources in the most clinically appropriate and cost-effective manner.

### POLICY

Utilization Management (UM) activities will be conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible Individuals in the Salish Regional Service Area (RSA). SBH-ASO ensures all UM activities are structured to not provide incentives for any person or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.

### PROCEDURE

SBH-ASO Behavioral Health Medical Director provides guidance, leadership, and oversight of the Utilization Management (UM) program for Contracted Services used by Individuals. The following activities may be carried out in conjunction with the administrative staff or other clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:

1. Processes for evaluation and referral to services.
2. Review of consistent application of criteria for provision of services within available resources and related grievances.
3. Review of assessment and treatment services against clinical practice standards. Clinical practice standards include, but are not limited to,

- evidenced-based practice guidelines, culturally appropriate services, and discharge planning guidelines and activities, such as coordination of care.
4. Monitor for over- and under-utilization of services, including Crisis Services.
  5. Ensure resource management and UM activities are not structured in such a way as to provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services.

SBH-ASO maintains UM protocols for all services and supports funded solely or in part through General Fund State (GFS) or Federal Block Grant (FBG) funds. The UM protocols comply with the following provisions:

1. Policies and procedures that establish a standardized methodology for determining when GFS and FBG resources are available for the provision of behavioral health services. The processes and methodology include the following components:
  - i. An aggregate of spending across GFS and FBG fund sources under the Contract.
  - ii. For any case-specific review decisions, the SBH-ASO maintains Level of Care Guidelines for making authorization, continued stay, and discharge determinations. The Level of Care Guidelines address GFS and Substance Abuse Block Grant (SABG) priority population requirements. SBH-ASO utilizes American Society of Addiction Medicine (ASAM) Criteria to make placement decisions for all SUD services.
  - iii. SBH-ASO monitors reports (such as spending and authorization reports) at a minimum of monthly to address under- or over-utilization patterns with providers to avoid unspent funds or gaps in service at the end of a contract period due to limits in available resources.
    - A. The SBH-ASO Leadership Team reviews spending at least quarterly to identify any needed budget adjustments
  - iv. SBH-ASO provides education and technical assistance to address issues related to quality of care, medical necessity, timely and accurate claims submission, or aligning service utilization with allocated funds to avoid disruption in service or unspent funds at the end of a contract year. This occurs in quarterly Integrated Provider Meetings, quarterly Quality and Compliance Committee Meetings, and monthly Crisis Provider Meetings. Technical assistance is provided to individual providers on an as needed basis, upon request, or in alignment with corrective action plans.
  - v. SBH-ASO issues corrective actions with providers, as necessary, to address issues regarding compliance with state and federal regulations or ongoing issues with patterns of service utilization.

- vi. A process to make payment denials and adjustments when patterns of utilization deviate from state, federal, or Contract requirements (e.g., single source funding).
    - A. In addition to monitoring for under or over utilization as noted above in (iii), the SBH-ASO Leadership Team will evaluate utilization patterns for deviations from expected norms on at least a semi-annual basis. If concerns are identified by the SBH-ASO Leadership Team, the SBH-ASO Contracts Administrator will initiate contact with the identified provider(s) to address concerns. Remediation may include Corrective Action, payment adjustments or denials and/or initiating contract termination in accordance with the SBH-ASO contract provisions, if appropriate.
  - vii. SBH-ASO information systems enables paperless submission, automated processing, and status updates for authorization and other UM related requests through the Salish Notification Authorization Program (SNAP)..
  - viii. SBH-ASO maintains information systems that collect, analyze and integrate data that can be submitted for utilization management purposes.
2. SBH-ASO monitors provider discharge planning to ensure providers meet requirements for discharge planning. This is accomplished by:
    - i. Monthly review of Discharge Planner Report from in region Evaluation and Treatment Centers.
    - ii. SBH-ASO Care Managers begin coordinating discharge upon an individual's admission and elevate barriers to discharge to the SBH-ASO Leadership Team.
  3. SBH-ASO provides ongoing education to its UM staff in the application of UM protocols including the criteria used in making UM decisions. UM protocols address the cultural needs of diverse populations.
  4. SBH-ASO UM staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing and managing. This occurs during on-going SBH-ASO Clinical Meetings as well as SBH-ASO Data and Development Meetings for SNAP.
  5. SBH-ASO employs mechanisms to ensure consistent application of UMP review criteria for authorization decisions.
    - i. SBH-ASO has mechanisms in place for an annual assessment of interrater reliability of all clinical professionals and non-clinical staff involved in UM determinations.

6. Policies and procedures related to UM comply with and require the compliance of subcontractors with delegated authority for UM requirements described in this section.
7. SBH-ASO sub-contractors must:
  - i. Keep records necessary to adequately document services provided to all individuals for all delegated activities including quality improvement, utilization management, and Individual Rights and Protections.
  - ii. Develop clear descriptions of any administrative functions delegated by the SBH-ASO in the Subcontract. Administrative functions are any obligations, other than the direct provision of services to individuals, and include but are not limited to utilization/medical management.
8. Authorization reviews are conducted by state licensed Behavioral Health Providers with experience working with the populations and/or settings under review.
9. SBH-ASO has UM staff with experience and expertise in working with individuals of all ages with SUD and who are receiving medication assisted treatment (MAT).
10. Actions including any decision to authorize a service in an amount, duration, or scope that is less than requested will be conducted by:
  - iii. A physician board-certified or board-eligible in psychiatry or child and adolescent psychiatry;
  - iv. A physician board-certified or board-eligible in addiction medicine, a subspecialty in addiction psychiatry; or
  - v. A licensed, doctoral level clinical psychologist.
11. The SBH-ASO ensures any behavioral health actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. In addition:
  - vi. A physician board-certified or board-eligible in psychiatry must review all inpatient level of care actions (denials) for psychiatric treatment.
  - vii. A physician board-certified or board-eligible in addiction medicine or a subspecialty in addiction psychiatry, must review all inpatient level of care actions (denials) for SUD treatment.

12. SBH-ASO ensures Appeals are evaluated by providers who were not involved in the initial decision and who have appropriate expertise in the field of medicine that encompasses the Individual's condition or disease.
13. SBH-ASO does not structure compensation to individuals or entities that conduct utilization management activities so as to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary Services to an Individual.
14. SBH-ASO maintains written job descriptions of all UM staff. SBH-ASO staff that review denials of care based on medical necessity shall have job descriptions that describe required education, training, non-restricted license, including HIPAA training compliance.
15. SBH-ASO has a sufficient number of behavioral health clinical reviewers available to conduct denial and appeal reviews or to provide clinical consultation on complex case review and other treatment needs.
16. SBH-ASO does not penalize or threaten a provider or facility with a reduction in future payment or termination of Participating Provider or participating facility status because the provider or facility disputes the SBH-ASO's determination with respect to coverage or payment of health care services.
17. SBH-ASO informs providers in writing the requirements for Utilization Management (UM) decision making, procedure coding, and submitting claims for GFS and FBG funded services.

### **Medical Necessity Determination**

1. SBH-ASO collects all information necessary to make medical necessity determinations. For services and supports that do not have medical necessity criteria, SBH-ASO will utilize other established criteria.
2. SBH-ASO will determine which services are medically necessary according to the definition of medically necessary services based on established criteria.
3. SBH-ASO's determination of medical necessity shall be final, except as specifically provided in SBH-ASO Policy - Grievance System.

### **Authorization of Services**

1. SBH-ASO provides education and ongoing guidance and training to Individuals and Providers about its UM protocols (UMP), including ASAM criteria for SUD services and SBH-ASO Level of Care Guidelines, including admission, continued stay, and discharge criteria.
2. SBH-ASO will consult with the requesting Provider when appropriate.

## **Utilization Management Monitoring**

The SBH-ASO ensures that all notifications for authorization decisions adhere to timeframes outlined in SBH-ASO Policy - Notice Requirements. The SBH-ASO requires monitoring of all contracted providers through a process that includes but is not limited to:

- 1. Monitoring Reports for each contracted provider that includes:**
  - a. Authorization and denial data
  - b. Over- and under-utilization of services
  - c. Appropriateness of services
  - d. Other data as identified
  
- 2. Review of Monitoring Reports**
  - a. The Internal Quality Committee (IQC) will review these reports.
    - i. Data will be reviewed by the committee to determine:
      1. Adherence to authorization and notification content and timelines.
      2. Adherence to the benchmarks provided in UM review areas listed above.
  - b. Recommendations will be provided regarding those not meeting established benchmarks.
  - c. This report will be provided to the Behavioral Health Medical Director prior to QACC (Quality Assurance and Compliance Committee) meetings for review and comments.
  
- 3. Review of data at Quality Assurance and Compliance Committee:**

QACC will review the reports to determine the necessary action to take when:

  1. SBH-ASO, its delegate, or its subcontractors do not meet the benchmarks established in the reports.
  2. SBH-ASO or its delegate does not meet the content requirements and timelines for authorizations and notifications.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</b></p> <ul style="list-style-type: none"> <li>• Acute Psychiatric Inpatient</li> <li>• Evaluation and Treatment</li> <li>• Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital</li> <li>• Secure Withdrawal Management</li> </ul> <p>* INDIVIDUALS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p>	<p><b>No</b>, if ITA. ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day.</p> <p><b>Yes</b>, if Voluntary. Voluntary Admission requires prior authorization.*</p> <p><i>*Initial: 3-5 days, depending on medical necessity</i></p>	<p><b>A. <u>Involuntary ITA Certification:</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Initial:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> for ITA treatment services to include admission documents and court order. ITA certification limited to court date plus one (1) day, not to exceed 7 days.</li> <li>2. <b>Continued Stay:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> for ITA treatment services at least by the preceding business day prior to expiration of the authorized period. Hospital provides clinical update, legal status and discharge plan as necessary during legal status changes or extensions. ITA certification limited to court date plus one (1) day, not to exceed 7 days.</li> <li>3. <b>Retrospective Review:</b> Hospital submits <i>SBH-ASO Notification/Authorization Request Form</i> for ITA retrospective review and required documents.</li> </ol> <p><b>B. <u>Mental Health Voluntary</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Prospective/Initial Review:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> for Voluntary Inpatient treatment services             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity, and Availability of Resources.</li> </ol> </li> <li>2. <b>Continued Stay:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i> at least by the preceding business day prior to expiration of the authorized period. Hospital provides clinical update and discharge plan as necessary during legal status changes or extensions.             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity, and Availability of Resources.</li> </ol> </li> </ol>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>CRISIS LINE AND CRISIS INTERVENTION</b>                      Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.</p> <ul style="list-style-type: none"> <li>• Services may be provided prior to intake evaluation.</li> <li>• Services do not have to be provided face to face.</li> <li>• Crisis Hotline services</li> </ul>	<p><b>No</b></p>	<p><b>N/A</b></p>
<p><b>WITHDRAWAL MANAGEMENT</b> (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> <li>• ASAM 3.7 WM</li> <li>• ASAM 3.2 WM</li> </ul> <p>*IF INDIVIDUAL IS ADMITTED UNDER ITA, SEE ABOVE ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</p>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p><b>Yes</b>, if <u>planned</u> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>Initial: 3-5 days</i></p>	<p><b>A. Emergent* Admission:</b></p> <ol style="list-style-type: none"> <li><b>1. Notification:</b> Submission <i>SBH-ASO Notification/Authorization Request Form</i> for Withdrawal Management.                             <ol style="list-style-type: none"> <li>a. All services delivered are subject to Eligibility, Medical Necessity, and Availability of Resources.</li> </ol> </li> <li><b>2. Continued Stay:</b> Facility submits <i>SBH-ASO Notification/Authorization Request Form</i> including clinical update within one (1) business day prior to expiration of current authorization period.                             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ol> </li> </ol> <p><b>B. Planned Admission:</b></p> <ol style="list-style-type: none"> <li><b>1. Prospective Review:</b> <i>SBH-ASO Notification/Authorization Request Form</i> for Withdrawal Management.                             <ol style="list-style-type: none"> <li>a. Subject to Eligibility, ASAM, Medical Necessity, and Availability of Resources.</li> </ol> </li> </ol> <p><i>* Must include referral from Designated Crisis Responder, Emergency Department, or Law Enforcement/First Responder. See SBH-ASO P&amp;P Level of Care for details of Emergent Admission.</i></p>



SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY</b>                      Services provided to individuals who are experiencing a mental health crisis.</p> <ul style="list-style-type: none"> <li>• 24 hours per day/ 7 days per week availability.</li> <li>• Services may be provided prior to intake evaluation.</li> <li>• Service provided in a facility licensed by DOH and certified by DBHR or in a home-like setting, or a setting that provides for safety of the person and the mental health professional.</li> <li>• Service is short term and involves face-to-face assistance with life skills training and understanding of medication effects.</li> <li>• Service provided as follow up to crisis services; and to other persons determined by mental health professional to be in need of additional stabilization services</li> <li>• Additional mental health or substance use disorder services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.</li> </ul>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p>Note SBH-ASO does not provide for planned admission to Crisis Stabilization.</p>	<p>A. <b><u>Emergent Admission*</u></b>:  <b>Notification:</b> Submission <i>SBH-ASO Notification/Authorization Request Form</i>.</p> <ol style="list-style-type: none"> <li>a. All services delivered are subject to Eligibility and Medical Necessity and Availability of Resources.</li> </ol> <p>1. <b>Continued Stay:</b> Facility submits <i>SBH-ASO Notification/Authorization Request Form</i> including clinical update within one (1) business day prior to expiration of current authorization period.</p> <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ol> <p>ii. <b><u>Planned Admission:</u></b></p> <ol style="list-style-type: none"> <li>a. SBH-ASO does not provide for planned admission for Facility-Based Crisis Stabilization.</li> </ol> <p><i>* Must include referral from Designated Crisis Responder, Emergency Department, or Law Enforcement/First Responder. See SBH-ASO P&amp;P Level of Care for details of Emergent Admission.</i></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>RESIDENTIAL TREATMENT</b></p> <ul style="list-style-type: none"> <li>• MH Residential</li> <li>• ASAM 3.1</li> <li>• ASAM 3.3</li> <li>• ASAM 3.5</li> </ul>	<p><b>Yes</b> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*MH- up to 30 days for initial authorization depending on medical necessity.</i></p> <p><i>*SUD- ASAM 3.5 – up to 15 days for initial authorization depending on medical necessity.</i></p> <p><i>ASAM 3.3 – up to 30 days for initial authorization depending on medical necessity.</i></p> <p><i>ASAM 3.1 – up to 30 days for initial authorization depending on medical necessity.</i></p>	<p><b>A. <u>Prior Authorization:</u></b></p> <p><b>1. Prospective Review:</b> <i>SBH-ASO Notification/Authorization Request Form.</i></p> <ul style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ul> <p><b>2. Continued Stay:</b></p> <ul style="list-style-type: none"> <li>a. <i>SBH-ASO Notification/Authorization Request Form</i> three (3) business days prior to expiration of current authorization period.</li> <li>b. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ul> <p><b>2. Retrospective Review:</b></p> <ul style="list-style-type: none"> <li>a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.</li> </ul>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>OUTPATIENT PROGRAM</b>                      Service modalities delivered in accordance with Outpatient Behavioral Health Treatment. Including:</p> <ul style="list-style-type: none"> <li>• Brief Intervention Treatment</li> <li>• Day Support</li> <li>• Family Treatment</li> <li>• Group Treatment Services</li> <li>• High Intensity Treatment</li> <li>• Individual Treatment Services</li> <li>• Medication Monitoring</li> <li>• Medication Management</li> <li>• Peer Support</li> <li>• Therapeutic Psychoeducation</li> <li>• Case Management</li> <li>• Opiate Treatment Program</li> <li>• SUD Outpatient Treatment</li> </ul>	<p><b>Yes</b> –requires prior authorization per monthly service package</p> <p><b>No</b> - Prior authorization is not required for services managed through a Federal Block Grant procurement process.</p>	<p><b>A. <u>Prior Authorization:</u></b></p> <p><b>1. Prospective Review:</b> Submission <i>SBH-ASO Notification/Authorization Request Form</i>.</p> <p style="margin-left: 40px;">a. Subject to Eligibility, Medical Necessity and Availability of Resources.</p> <p><b>2. Retrospective Review:</b></p> <p style="margin-left: 40px;">a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.</p>
<p><b>INTAKE/ASSESSMENT SERVICE</b></p>	<p><b>Yes</b> - requires prior authorization.</p> <p><b>No</b> - Prior authorization is not required for services managed through a Federal Block Grant procurement process.</p>	<p><b>A. <u>Prior authorization:</u></b></p> <p><b>1.</b> Submission of request to SBH-ASO.</p> <p style="margin-left: 40px;">a. Subject to Eligibility and Availability of Resources.</p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p><b>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES - PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)</b></p>	<p><b>Yes</b> - Prior Authorization required.</p> <p><i>Initial: 90 days for initial authorization depending on medical necessity.</i></p>	<p><b>A. <u>Prior Authorization:</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Prospective Review:</b> Submission of <i>SBH-ASO Notification/Authorization Request Form</i>.               <ol style="list-style-type: none"> <li>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</li> </ol> </li> <li>2. <b>Continued Stay:</b> <ol style="list-style-type: none"> <li>a. Submission of <i>SBH-ASO Notification/Authorization Request Form</i> no later 5 business days prior to expiration of current authorization period.</li> <li>b. Subject to Eligibility, Medical Necessity, and Availability of Resources</li> </ol> </li> <li>3. <b>Retrospective Review:</b> <ol style="list-style-type: none"> <li>a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.</li> </ol> </li> </ol>
<p><b>PSYCHOLOGICAL ASSESSMENT AND/OR PSYCHOLOGICAL TESTING</b></p>	<p><b>Yes.</b> Prior Authorization required.</p>	<p>Prior authorization request submitted to Salish BH-ASO. SBH-ASO to review financial eligibility, medical necessity, level of care and Availability of Resources.</p>

The requirements and processes for the authorization of SBH-ASO contracted services are dependent on the individual meeting financial eligibility criteria, medical necessity criteria, and the availability of SBH-ASO resources. SBH-ASO reserves the right to reduce, suspend, or terminate an authorization due to changes in financial eligibility, changes in medical necessity, and availability of resources.