



United Behavioral Health

Utilization Management/Authorization and Concurrent Review			Policy Identifier/Number: CM-10
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director			Signature: 

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) has established specific processes for the initial authorization, provision of Notices of Determination, and a concurrent review process. These processes are described in writing in policy materials, the *Member Handbook* and on the Optum Pierce BHO web site. In addition, information about authorization processes may be discussed during on-site reviews with behavioral health care providers, telephonically or electronically with behavioral health care providers, and telephonically with any provider or other party who calls Optum Pierce BHO with a question about the authorization.

To describe the process of utilization management (UM) including initial requests, *Notices of Determination*, *Notices of Adverse Benefit Determination* and the concurrent review process.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. System Overview
 - 1.1. Optum Pierce BHO has established mechanisms which maximize access to and use of age and culturally competent behavioral health services, and which ensure that eligible individuals receive appropriate levels of care. This policy includes authorization and concurrent review procedures for specific covered levels of services including community support services, residential services and inpatient evaluation and treatment services.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 1.2. Optum Pierce BHO has developed and implemented formal agreements with inpatient behavioral health service providers which describe processes for referral, admission and discharge from the facilities.
- 1.3. Optum Pierce BHO authorizes admissions, transfers and discharges into and out of inpatient evaluation and treatment services for eligible individuals including:
 - 1.3.1. State psychiatric hospitals including:
 - 1.3.1.1. Western State Hospital
 - 1.3.1.2. Eastern State Hospital
 - 1.3.1.3. Child Study and Treatment Center
 - 1.3.2. Community hospitals;
 - 1.3.3. Residential inpatient evaluation and treatment facilities licensed by the department of health as Adult Residential Rehabilitation Centers (ARRCs);
 - 1.3.4. Adult Congregate Care Facilities (CCFs) licensed by the DSHS Aging and Disability Services Administration;
 - 1.3.5. Children's long-term inpatient programs;
 - 1.3.1. Detoxification Services (withdrawal Management)
 - 1.3.1.1. Medically managed (acute)
 - 1.3.1.2. Clinically managed (sub-acute)
- 1.4. The following outpatient services are delivered by Optum Pierce BHO providers:
 - 1.4.1. Emergency crisis intervention services;
 - 1.4.2. Brief Intervention treatment;
 - 1.4.3. Psychiatric treatment including medication monitoring;
 - 1.4.4. Individual and group counseling services;
 - 1.4.5. Family treatment;
 - 1.4.6. Rehabilitation case management;
 - 1.4.7. Special population evaluation;
 - 1.4.8. Stabilization services;
 - 1.4.9. Therapeutic psychoeducation;
 - 1.4.10. Day support services;
 - 1.4.11. Freestanding Evaluation and Treatment;
 - 1.4.12. Mental health Intake Evaluation;
 - 1.4.13. Psychological (psychometric) assessment;
 - 1.4.14. Individual employment services;
 - 1.4.15. Peer support services;
 - 1.4.16. Intensive outpatient treatment services;
 - 1.4.17. SABG services in alignment with the BHO's SABG Plan to include:
 - 1.4.17.1.1. Alcohol and other drug screening and brief intervention;
 - 1.4.17.1.2. Inpatient withdrawal management services;
 - 1.4.17.1.3. Inpatient withdrawal management services including:
 - 1.4.17.1.3.1. Screening and withdrawal management; and
 - 1.4.17.1.3.2. Counseling and referral;
 - 1.4.18. Substance Use Disorder treatment including:
 - 1.4.18.1. Medication Assisted Treatment (MAT) services;
 - 1.4.18.2. Outpatient treatment; and
 - 1.4.18.3. Residential treatment (excluding room and board) in facilities with fewer than 16 beds;
 - 1.4.19. Laboratory services only when medically necessary; and
 - 1.4.20. Case management services for SUD.
- 1.5. In accordance with *RCW 71.24.025(7)* and *RCW 71.24.025(9)*, Optum Pierce BHO mental health care providers conduct prescreening determinations for providing community support services for persons with mental illness who are being considered for placement in nursing homes.
- 1.6. In accordance with *RCW 71.24.025*, Optum behavioral health care providers complete screenings for persons with mental illness who are being considered for admission to residential services funded by the behavioral health organization.

- 1.7. Intake Evaluations and/or SUD Assessments are not subject to review or prior authorization.
- 1.8. Pierce County residents are able to submit a request for evaluation or assessment by:
 - 1.8.1. Calling the Optum Pierce BHO Care Management number;
 - 1.8.2. Submitting a written request to the BHO or to a network behavioral health care provider;
 - 1.8.3. Walking into the BHO office;
 - 1.8.4. Calling a network behavioral health care provider office;
 - 1.8.5. Walking into a network behavioral health care provider office.
- 1.9. In compliance with good clinical practice, as well as with Washington State regulations, crisis services and emergency transportation do not require prior authorization, completion of an intake evaluation, or documented compliance with Access to Care standards. Pierce County residents in crisis are able to:
 - 1.9.1. Call the local Optum Pierce BHO number;
 - 1.9.2. Call the Behavioral Health Crisis Line for Pierce County residents; or
 - 1.9.3. Call the Warm Line.
- 1.10. The Crisis Line staff then evaluates the situation and may:
 - 1.10.1. Dispatch a Crisis Intervention Team, a Mobile Outreach Crisis Team or the Family Assessment & Stabilization Team (FAST) for a face-to-face evaluation and intervention;
 - 1.10.2. Connect staff with those programs the individual may already be receiving services through such as the Program for Assertive Community Treatment (PACT) Team at MultiCare Good Samaritan Behavioral Health, or the Family Assessment and Stabilization Team (FAST) program at Catholic Community Services; Ask the individual to proceed directly to an emergency room;
 - 1.10.3. Dispatch an ambulance or law enforcement if necessary;
 - 1.10.4. De-escalate the situation telephonically and arrange for follow-up appointment/contact the next day.
2. Authorization of Services
 - 2.1. Notice of authorization decisions are given in the same manner as the prior authorization was requested. Authorizations are to be requested and approved for a specific number of units and a designated period of time.
 - 2.2. Optum Pierce BHO uses *Washington State Access to Care Standards* for all services that require prior authorization.
 - 2.2.1. The information contained in the intake evaluation and other initial documents is reviewed to determine medical necessity and compliance with Access to Care standards for mental health services and ASAM levels of care for SUD services.
 - 2.2.2. Optum requires prior authorization of all levels of services, including stabilization, except for intake evaluations and/or assessments, acute and sub-acute withdrawal management services, and crisis services.
 - 2.2.3. The authorization process differs based on the intensity of service and Level of Care requested.
 - 2.3. Admission to mental health Inpatient Level of Care
 - 2.3.1. Optum Pierce BHO has formal agreements with inpatient service providers regarding referrals, admissions, and discharge protocols. A request for admission to an inpatient unit is made telephonically, and the individual's clinical condition is discussed by the requesting mental health professional or chemical dependency professional and an Optum Care Manager.
 - 2.3.2. The authorization is based on determination of the individual's serious and imminent risk of harm to self or others or grave disability due to a behavioral health illness, and a finding that the individual cannot be safely managed in a less restrictive environment.
 - 2.3.3. The individual's eligibility is verified, and the Care Manager documents the clinical information provided as well as the rationale for approving the request.

- 2.3.4. The length of time for which an inpatient stay is initially authorized depends upon the clinical condition of the individual; however, typically a voluntary admission is approved for up to 7 days.
- 2.3.5. If the Care Manager cannot justify the admission based on the clinical information provided, the behavioral health care provider has the right to request that an Optum licensed, board certified psychiatrist review the documentation.
 - 2.3.5.1. If the authorization request cannot be resolved through this review, the Care Manager offers the requestor telephonic consultation with the on-call psychiatrist to further discuss the need for admission.
 - 2.3.5.2. On-call psychiatric coverage from Optum Pierce BHO is available 24 hours a day, 7 days a week. Reviews are held within 1 hour of the request. Only a psychiatrist is able to deny authorization for inpatient services.
- 2.3.6. Optum Pierce BHO staff provide on-site training at all identified admitting community hospitals, as well as for crisis response teams, to ensure that staff responsible for communicating with BHO Care Managers understand the process for authorizing inpatient admissions.
- 2.4. Admission to substance use disorder inpatient treatment:
- 2.5. Admission to Children's Long Term Inpatient Treatment (CLIP)
 - 2.5.1. Referrals for CLIP placement are first reviewed by the Optum Pierce BHO Care Manager with lead child specialist responsibilities. Appropriate referrals are then discussed at the cross-system Systems Collaboration with the Shared Children Review Committee (SCSC).
 - 2.5.2. The Optum Pierce BHO Medical Director, a Care Manager, and a Parent Partner participate in the SCSC.
 - 2.5.3. Approved referrals for CLIP are to be coordinated by the Care Manager with lead child specialist responsibilities with the Department of Social and Health Services (DSHS) CLIP Committee.
 - 2.5.4. The current DSHS form is to be used for gathering information, requiring that the findings of an intake evaluation/SUD assessment (which documents compliance with Access to Care and ASAM standards) be presented at the same time as the request.
 - 2.5.5. The team is to make its final recommendation within 3 working days.
 - 2.5.5.1. If the team concurs with the request, Optum Pierce BHO forwards its recommendation and rationale to the DSHS CLIP Committee.
 - 2.5.5.2. If the team cannot support the request of the provider/family, Optum Pierce BHO notifies them and provides recommended community-based mental health care alternatives. Optum staff offer to meet with the Child/Family team to review this decision and discuss the recommended community-based services.
 - 2.5.6. Even though a child may be approved for admission (or Court-ordered) to a CLIP, a bed may not be immediately available.
 - 2.5.6.1. If no bed is available, the Optum Pierce BHO Discharge Coordinator and Care Manager with lead child specialist responsibilities continue to work with the hospital treatment team and the child/family team to build a strong community placement option and plan.
 - 2.5.6.2. As appropriate, the FAST team is involved. In some cases, the intensive, comprehensive community-based services may meet the needs of the child and family and a CLIP placement may no longer be required.

- 2.5.6.2.1. If the child no longer requires CLIP-level services, the child/family Wraparound with Intensive Services (WISe) team led by Catholic Community Services requests that the court release the child from the CLIP placement order.
 - 2.5.6.2.2. The community support and service plan is implemented.
 - 2.5.6.2.3. The Optum Pierce BHO Care Manager with lead child specialist responsibilities stays involved with the child/family team and service providers to support the ongoing delivery of the community-based services and supports and to monitor the child's progress and additional service needs.
- 2.6. Services in a Residential Setting
- 2.6.1. Mental health treatment in a residential setting is considered an outpatient service.
 - 2.6.2. Residential services provide active treatment in freestanding facilities through specialized programming with observation and supervision 24 hours a day.
 - 2.6.3. Optum Pierce BHO has established three levels of residential services: Adult Residential Rehabilitation Center (ARRC), Adult Congregate Care facility (CCF), and Clinically Managed High Intensity Residential Treatment (CMHIR), which also includes Clinically Managed Population Specific High Intensity Residential Services (CMPSHIRS).
 - 2.6.3.1. Priorities for mental health placement in an ARRC are, in the following order:
 - 2.6.3.1.1. State psychiatric hospital residents who have been assessed as ready to return to the community and need a community placement;
 - 2.6.3.1.2. Evaluation and treatment and other inpatient facilities;
 - 2.6.3.1.3. Individuals currently living in the community who are at high risk for state hospital commitment; and,
 - 2.6.3.1.4. Persons, who are homeless, have a severe and persistent mental health disorder, and who are at high risk for hospitalization.
 - 2.6.3.2. Priorities for substance use disorder placement in a CMPHIRS and/or residential treatment program are:
 - 2.6.3.2.1. Persons who qualify as a priority population for SUD services, including Pregnant and/or Parenting Women (PPW) and Individuals Using Intravenous Drugs (IUID)
- 2.5.3.3 Requests for authorization for mental health placements in CCFs require supporting documentation that the individual needs assistance and monitoring in activities of daily living and is at minimal risk for dangerous behaviors in the community. Information to be provided in support of the request for services in either a CCF or ARRC includes a plan of care with recovery-oriented goals and clinical information documenting the need for a residential living environment.
- 2.6.3.2.2. Requests for residential services are called, mailed or faxed to the designated Optum Pierce BHO Care Manager.
 - 2.6.3.2.3. The request is to be reviewed and discussed with the referent within two (2) business days of receipt.
 - 2.6.3.2.4. The review is to consider whether Access to Care Standards, Level of Care, ASAM and medical necessity criteria have been met, as well as the expected goals and outcomes expressed by the individual, and evidence of initial planning for community re-entry.
- 2.7. Authorization for Outpatient Care
- 2.7.1. Online submission of the information required to support authorization of outpatient services is required of all network providers. (Exceptions include mental health services delivered in a residential setting, high intensity treatment, and PACT program services which must be requested telephonically.)

- 2.7.2. Through the Management Information System (MIS) contracted behavioral health care providers upload or enter the data required to support prior authorization and concurrent review requests.
 - 2.7.2.1. The required data is gathered through an intake evaluation completed by a behavioral health care professional.
 - 2.7.2.2. For most outpatient services, the initial authorization is approved by the Optum Pierce BHO Care Manager based on medical necessity, eligibility requirements and compliance with the Access to Care and ASAM standards.
 - 2.7.2.3. Authorizations may be granted for up to 6 months.
3. Notices of Determination
 - 3.1. *Notice of Determination (NOD)* letters are mailed to the individual to confirm decisions made by Optum Pierce BHO to approve requested behavioral health services.
 - 3.2. *NOD Approval Letters* are generated daily by Information Technology (IT) staff in the MIS following the entry of Care Management authorization decisions.
 - 3.3. IT staff create the *NOD Approval Letter* in a portable document format PDF) and save a copy in the folder *T:\VTAuthorization Process\Letters\Sent Letters*. The letter is documented with the date of the authorization decision in the format YYYY/MM/DD.
 - 3.4. IT staff prints a copy of the *NOD Approval Letter* and forwards it to support staff to mail to the individual. IT staff send an electronic notice of the authorization approval to the associated mental health care provider.
 - 3.5. Quality Analysts generate *Notice of Adverse Benefit Determination Denial Letters* following entry of the authorization decisions to deny state-funded services. (See the Optum Pierce BHO policy CR-02C entitled "*Grievance and Appeal System: Adverse Benefit Determination Notice*"). A copy of the *Notice of Adverse Benefit Determination Denial Letter* is forwarded to Support Staff to send via certified mail to the individual. The associated behavioral health care provider is also notified in writing of the denial.
 - 3.6. All *NOD Letters* (approvals) are mailed within 1 work day from the entry of the authorization decision into the MIS.
 - 3.7. Behavioral Health Agencies are notified electronically within 1 working day of each approval decision.
 - 3.8. Inpatient providers who request inpatient authorizations or continued stay authorizations that are denied will receive a *Notice of Adverse Benefit Determination* in accordance with CR-02C entitled "*Grievance and Appeal System: Adverse Benefit Determination Notice.*"
 - 3.9. Returned *Notice of Determination* or *Notice of Adverse Benefit Determination* letters are placed in a file labeled for the individual's chosen Behavioral Health Agency (BHA), then distributed by the Optum Pierce BHO IT Support Specialist to the BHA's IT representative at their next regularly scheduled IS meeting.
4. Concurrent Review of Services (Continuing Stay Authorizations)
 - 4.1. Inpatient Concurrent Review
 - 4.1.1. At the time of concurrent review, the Optum Care Manager is to review the individual's current clinical functioning, and assess whether:
 - 4.1.1.1. An inpatient unit continues to be the least restrictive environment appropriate for the individual at the present time;
 - 4.1.1.2. The individual's clinical condition is improving; if not, that appropriate changes in the plan of care are being implemented;
 - 4.1.1.3. Care is provided within the framework of Clinical Practice Guidelines, when appropriate;
 - 4.1.1.4. The individual and/or the individual's family is participating in care and discharge planning; and
 - 4.1.1.5. Discharge planning has been implemented and a provider of follow-up care has been identified.

- 4.1.2. The length of approval given at the time of a concurrent review may be up to 7 days. As with the initial authorization, if the Care Manager cannot approve a concurrent care request, the case is referred to the Optum Pierce BHO Medical Director or designee who is a board certified psychiatrist, for a Peer Review discussion with the facility and treating physician.
- 4.2. CLIP Treatment
 - 4.2.1. Concurrent review of CLIP services is the responsibility of DSHS in partnership with Optum Pierce BHO.
 - 4.2.1.1. The assigned Optum Pierce BHO Care Manager is to stay in contact with the CLIP facility where the child is placed to receive updates on progress and care.
 - 4.2.1.2. The assigned Optum Pierce BHO Care Manager ensures that there is active communication with the child's family and community team and that appropriate efforts are made for the family to visit the child, even if out-of-county, at the CLIP facility.
- 4.3. Services in a Residential Setting
 - 4.3.1. The type of facility to which the individual has been admitted and the expected outcomes of care help determine the length of initial authorization and frequency of concurrent reviews.
 - 4.3.2. In general, concurrent reviews are conducted by the Optum Pierce BHO Care Manager assigned to adult residential services.
 - 4.3.2.1. Reviews may include discussions with the individual, facility staff, case managers and family, as appropriate.
 - 4.3.2.2. Reviews focus on the individual's progress in care and discharge planning.
 - 4.3.2.3. The Optum Pierce Care Manager emphasizes a review of the individual's recovery goals and support needs.
- 4.4. Outpatient
 - 4.4.1. Requests for the continuation of outpatient services are submitted by the behavioral health care provider by updating the information provided at the time services were initiated. In addition, behavioral health care providers are asked to document that:
 - 4.4.1.1. The individual's clinical condition is improving; if not, that appropriate changes in the plan of care are being implemented;
 - 4.4.1.2. Care is provided within the framework of *Clinical Practice Guidelines*, and/or ASAM levels of care when appropriate;
 - 4.4.1.3. The individual and/or the individual's family is participating in care and discharge planning, and recovery goals are being addressed;
 - 4.4.1.4. Discharge planning has been implemented and a provider of follow-up care has been identified;
 - 4.4.1.5. Services of a Peer Counselor or Parent Partner, when appropriate, have been discussed with the individual and initiated if requested; and
 - 4.4.1.6. Permission has been requested to share information with the individual's primary care provider and information has been shared if permission was granted.
 - 4.4.2. At the time of concurrent review, up to 180 days of continuing service may be authorized depending on the intensity of the service(s) being provided.
- 5. Discharge Criteria
 - 5.1. For all levels of care, discharge criteria apply to an individual whenever:
 - 5.1.1. The plan of care goals have been achieved or a determination is made that maximum benefit has been provided at this level of care;
 - 5.1.2. A discharge plan which the individual has helped develop is being implemented;
 - 5.1.3. The individual is no longer benefiting from care and services;

- 5.1.4. The individual requests termination of care and services;
- 5.1.5. The individual is no longer participating in care and services, has not responded to engagement efforts within the last 60 days, and imminent risk issues are not present;
- 5.1.6. The individual's behavioral health needs can be met through other services available within their natural support network;
- 5.1.7. The individual's care has been transferred to a non-BHO provider or system that meets his or her behavioral health needs;
- 5.1.8. The individual moves out of the area assigned to their current BHO/PIHP;
- 5.1.9. The individual's whereabouts are unknown and reasonable efforts to contact the individual have been unsuccessful; or
- 5.1.10. The individual is deceased.

Related Policies, Procedures & Materials

- Optum Pierce Behavioral Health Organization policy: CM-01 - *Development of Service Plans*
- Optum Pierce Behavioral Health Organization policy: CM-02 - *Crisis Plans*
- Optum Pierce Behavioral Health Organization policy: CM-05 - *UM/Resource Management Plan*
- Optum Pierce Behavioral Health Organization policy: CM-06 - *Early and Periodic Screening, Diagnosis and Treatment (EPSDT)*
- Optum Pierce Behavioral Health Organization policy: CM-07 - *Accessibility, Engagement and Utilization of Services for Individuals with High Risk*
- Optum Pierce Behavioral Health Organization policy: CM-09 - *Engagement of Community Resources*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Operational Procedures and Standards Committee reviewed and accepted: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018