

| <b>Comprehensive Behavioral Health Management/College Health IPA<br/>Policy and Procedure Manual</b> |                               |
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| <b>Policy Name:</b> Clinical Indicators  | <b>Utilization Management</b> |
| <b>Date:</b> 8-93  | <b>Page:</b> 1 of 2           |
| <b>Reviewed by QI Committee:</b> 12-06, 11-07, 9-08, 9-09, 02-10                                     | <b>Policy Number:</b> UM-3    |
| <b>Revised by QI Committee:</b> 12-06, 9-08, 02-10   |                               |

**Purpose:** The purpose of this guideline is to ensure that Comprehensive Behavioral Health Management (CBHM/CHIPA) manages all cases according to current clinical guidelines. It is important that each patient receive the appropriate level and intensity of care in relation to available resources and the biopsychosocial needs of the patient.

## **Policy:**

### 1.0 Description

Emphasis of utilization management is on providing the least restrictive level of care along with the most intensive level of services necessary to achieve rapid stabilization and/or restoration of function for the patient. There are four basic steps to be followed in managing each case: (1) Determine appropriate level of care; (2) Determine appropriate intensity of services; (3) Determine the need to remain at the current level of care; and (4) Document Clinical Indicators.

Utilization Management decisions are based solely on the medical necessity of care and service for individual patients and consider the following factors

- 1.1 Age
- 1.2 Co-morbidities
- 1.3 Complications
- 1.4 Progress of treatment
- 1.5 Psychosocial situation
- 1.6 Home environment, when applicable

### 2.0 Oversight

The CBHM/CHIPA Medical Director, a board certified psychiatrist, is responsible for all oversight related to clinical indicators and decision-making. In addition, the guidelines contained in these Clinical Indicators are developed based upon input from contracted providers (licensed therapists and psychiatrists) with current knowledge relevant to the indicator under review as well as current clinical principles and guidelines supplied by our business partners. Clinical Indicators are reviewed and revised annually by internal staff and external providers. The review process is conducted by the Director of Clinical services. Final approval is given by the Medical Director annually.

### 3.0 Communication

- 3.1 Clinical indicators are available to CBHM/CHIPA clinical staff through shared file access.
- 3.2 Clinical indicators are available to providers and patients through the CBHM/CHIPA website: [www.comprehensivebehavioral.com](http://www.comprehensivebehavioral.com).
- 3.3 Whenever updated clinical indicators are published in the CBHM/CHIPA provider newsletter.
- 3.4 Upon request, clinical indicators, which are used to authorize, modify, or deny healthcare services are distributed to providers, patients, and the public.

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Distribution is by facsimile, email, or mail within one business day of receipt of request. The disclosure of clinical indicators is accompanied by a notice which states: “The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract.”

4.0 Utilization of Clinical Indicators

- 4.1 Determine Appropriate Level of Care.
  - 4.1.1 The determination is based on: 1) the presenting clinical information available at the time of review as long as the clinical information is received from a reliable source (e.g., provider, attending physician, UR nurse, etc.); and 2) an assessment of the local delivery system.
  - 4.1.2 The appropriate level of care is determined by review of the presenting symptoms and history of the individual patient against the criteria for various levels of care, starting with the most restrictive to the least restrictive until the least restrictive level of care that is appropriate for the patient is determined.
- 4.2 Determine Appropriate Intensity of Care
 

While a patient is receiving care at the appropriate level, it is also important that the intensity of care provided is appropriate to the needs of the patient. This may include the consideration of number and type of services provided at a given level of care as well as the frequency at which these services are provided.
- 4.3 Determine the Need to Continue at Present Level of Care.
  - 4.3.1 At given intervals, the need for the patient to remain at a current level of care is evaluated according to a set of discharge criteria. If the patient meets discharge criteria, the patient should be transferred to the next appropriate level of care.
  - 4.3.2 The patient is admitted to another level of care based on admission criteria. Some patients may skip one or more levels based on their current symptoms and level of functioning.
  - 4.3.3 At any time, deterioration in the condition of the patient may prompt the need to evaluate the necessity to transfer the patient to a higher level of restriction or intensity of care if they meet admission criteria.
- 4.4 Document Clinical Indicators
 

The clinical indicators used to determine level of care are documented in the Clinical Note