Policy: It shall be the policy of the Division to define and conduct utilization review on consumers receiving service coordination from Division Mental Health Agencies.

Purpose: To provide guidelines for utilization review for consumers receiving service coordination services from Division Mental Health Agencies.

Definition:

- Utilization Review is defined at the agency level as a "standardized review methodology to determine ongoing need for services."

- Service Coordination consists of services provided to consumers in order to assist that person in gaining access to medical, rehabilitative, educational, financial, housing, employment, transportation, crisis intervention and other support services to increase the consumers' level of independence over time (refer to Division policy #3.002). Service Coordination is intended to enhance recovery and quality of life. Service Coordination decreases the need for additional, more costly services, such as: in-patient psychiatric hospitalizations, emergency room visits, and jail time, as well, decreases the likelihood of trauma, injury, or loss due to poor decision-making. Service coordination also increases rehabilitation efforts and vocational activity, thereby decreasing the need for financial support, over time. Agencies must develop specific billable codes in accordance with Medicaid (or other insuring body).

Procedures:

I. Within the Division, mental health agency Service Coordination is provided to two target populations:

   - Children/Adolescents in the rural areas; and
   - Adults Statewide

II. Utilization review must accommodate the cyclical nature of the illness when assessing both frequency and duration of services. Documentation in the individual file must reflect changes in individual status and justify significant changes in frequency and/or duration of service coordination. Both Severe Emotional Disturbance and Severe and Persistent Mental Illness are cyclical in nature, denoting consumers may progress and need less service coordination, but may experience episodic regressions in which their need for service coordination increases significantly for a brief period of time.

III. All consumers referred for admission to service coordination services with Division Mental Health Agencies shall be assessed for appropriateness for service coordination services based on the criteria defining Severely Emotionally Disturbed (SED) and Severely Mentally Ill (SMI) consumers as outlined in Policy # 3.002. All consumers must be re-assessed as to SED/SMI status every 90 days (at each Treatment Plan review) and any change in status should be documented in the

individual record (AVATAR).

A. All consumers admitted into Service Coordination will be assessed using the LOCUS (Level of Care Utilization System) for adults and the CASII (Child and Adolescent Intensity Instrument) and will receive Service Coordination based on the results of this assessment. The individual must reach at least a level three in order to receive Service Coordination Services (see Policy # 3.002 - Service Coordination Services).

B. Agencies may also choose to use additional assessment tools to initially determine functional impairment.

C. Consumers will be re-assessed every 90 days and all LOCUS/CASII scores will be recorded in AVATAR progress notes and the LOCUS/CASII sheet placed in the individual record.

IV. Utilization review for service coordination will include the following:

A. Treatment Plan Review:
1. The Treatment Team, at each mandatory 90-day review (NRS 433), should assess SMI status and appropriateness of the frequency and expected duration of service coordination for each individual.
2. This assessment will be documented in the individual record as well as on the Treatment Plan.
3. Specialized services by a contract provider must be included in treatment plan reviews and staff must determine need for ongoing specialized services.
4. Medicaid requires prior authorization of services beyond a certain level. Prior authorizations are completed and a copy kept in the chart if services are thought to be needed at that frequency.

B. Targeted Case Management Review:
1. As a Medicaid provider, the Division of MHDS is required to conduct an annual audit of a valid sample (at least 5%) of Medicaid Service Coordination consumers to assure that documentation requirements are being met.
2. Division QA has developed a Medicaid approved review instrument and corresponding guide to be used for this review.
3. Each agency designates a staff person who oversees this review. Service Coordination supervisors conduct the reviews.
4. A quarterly report is produced which outlines the results of the review and each agency is required to respond to findings with an “action plan” addressing any area needing remediation (having less than 85% compliance rate).

C. A 90-day “No Contact Report” is generated by Program Evaluation, when

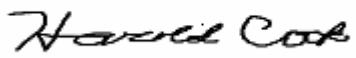
requested by Clinical Program Manager I for Service Coordination. Any individual who has not responded to attempts to contact them and/or see them face-to-face within 120 days is closed to services in Service Coordination.

D. Supervisory Review:
   1. Should include establishing the individual's continued eligibility reflected by a Level three on the most recent LOCUS/CASII and consumers who receive service delivery hours significantly above or below what their clinical picture would indicate.
   2. Supervisory review should be conducted every 6 months and results forwarded with an action plan to the agency director, or their designee.
   3. Quarterly summaries shall be sent to agency Quality Assurance (QA) staff and/or other leadership staff as determined by the agency.

E. Peer Review:
   1. Conducted by each service coordinator on a monthly basis on peers' individual records to assess appropriateness of frequency of service coordination received and quality of documentation of service delivery in individual record.
   2. Documentation is reviewed to ensure it meets Medicaid standards.
   3. Copy of all peer reviews will be given to the supervisor of Service Coordination (or other supervisory staff as determined by the agency) and reported in the agency Leadership group. The form must include space for correction plan and supervisor signature indicating supervisor has reviewed form and correction plan.
   4. Supervisor will provide quarterly summaries of peer review findings to agency QA staff.

F. Storage of Supervisory and Peer Reviews will be at a location outside of the individual file to be determined by each agency.

V. Each Division agency shall develop specific written procedures to implement the provisions of this policy or shall incorporate this policy into their agency policies.



Administrator

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