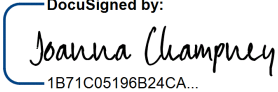


**POLICY AND PROCEDURE**

<b><u>POLICY TITLE:</u></b> EEU Inpatient Initial UR	<b><u>POLICY #:</u></b> DSAMH034
<b><u>PREPARED BY:</u></b> EEU UR	<b><u>DATE ISSUED:</u></b> 6/6/22
<b><u>RELATED POLICIES:</u></b> DSAMH003 Provider Appeals Policy DSAMH031 Involuntary Placement Policy DSAMH032 Voluntary Placement Policy DSAMH035 EEU Inpatient Concurrent UR DSAMH036 EEU Inpatient Discharge UR DSAMH037 EEU Inpatient Retroactive UR	<b><u>REFERENCES:</u></b> NQCA, HEIDIS, CMS
<b><u>DATES REVIEWED:</u></b> 4/17/23	<b><u>DATES REVISED:</u></b> 3/8/23
<b><u>APPROVED BY:</u></b>   <p>1B71C05196B24CA...</p> <p>4/24/2023   10:47 AM PDT</p>	<b><u>NOTES:</u></b>  <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

- I. **PURPOSE:** The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for inpatient psychiatric treatment for Delaware residents eighteen (18) years of age or older who are uninsured, underinsured, or have Delaware Medicaid fee-for-service. These procedures pertain to all inpatient psychiatric treatment providers contracted to provide care for the State.
- II. **POLICY STATEMENT:** DSAMH shall conduct review of clinical and treatment authorization following the first day of treatment. This initial review is based solely on the clinical documentation provided by the psychiatric hospital. Once the supporting clinical documentation is received by DSAMH Utilization Review (UR), it is considered a formal authorization request.
- III. **DEFINITIONS:**
- “Authorization”** means the agreement from DSAMH that a patient meets medical necessity for inpatient psychiatric treatment.
- “Delaware resident”** means either:
1. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware and spends more than 183 days in the State.
  2. A person who possesses a valid Delaware-issued identification card such as driver’s license or non-driver identification card.

“FFS” means fee-for-service.

“Utilization Review” or “UR” means the review of clinical information to determine authorization approval or denial.

IV. **SCOPE:** This policy and procedure applies to all inpatient psychiatric treatment providers contracted with the State to provide inpatient psychiatric care for residents of Delaware who are uninsured, underinsured, or have Delaware Medicaid fee-for-service.

V. **PROCEDURES/RESPONSIBILITIES**

A. Exploration and Discovery of Insurance:

1. The treating hospital is responsible to provide evidence that a patient is not covered under a private insurance, an out of state Medicaid, has exhausted Medicare days, or has a policy that does not cover acute inpatient psychiatric treatment. This evidence is required prior to DSAMH’s review of clinical documentation for authorization of treatment.

B. Submission of clinical documentation:

1. Clinical documentation must be submitted to the DSAMH UR email box [DSAMH\\_EEU\\_UR@delaware.gov](mailto:DSAMH_EEU_UR@delaware.gov) with the word “initial” in the subject line. Clinical documentation submitted to another email box will not be accepted.
  - a. Clinical documentation for initial review must be received within three (3) business days post-admission to the psychiatric hospital.
  - b. Clinical documentation received after the third business day post-admission will not be reviewed. Notification of denial of authorization will be sent and no exceptions will be made.
2. Documentation to be submitted:
  - a. Clinical documentation shall include but is not limited to:
    - i. Documentation of legal status for hospital admission,
    - ii. Psychiatrist initial evaluation,
    - iii. Nurse admission assessment,
    - iv. Psychosocial assessment,
    - v. Documentation of a history and physical,
    - vi. Collateral information,
    - vii. Discharge planning,
    - viii. Treatment plan,
    - ix. Medication administration record,
    - x. Group notes,
    - xi. Vital signs,
    - xii. Laboratory results to include urine toxicology screen,
    - xiii. Daily nursing notes,
    - xiv. Daily psychiatrist notes,
    - xv. Coordination of care with established or external providers, and

- xvi. Clinical Institute Withdrawal Assessment, and Clinical Opiate Withdrawal Scale, as appropriate.
- b. Other documentation:
  - i. Results of exploration and discovery of benefits,
  - ii. Application for Medicaid, and
  - iii. Government issued identification.
- C. Review of clinical documentation:
  - 1. DSAMH UR will conduct a review of clinical documentation to provide determination of authorization.
  - 2. DSAMH UR may authorize multiple days, but each day of treatment must meet medical necessity based on documentation provided by the hospital.
  - 3. Failure to submit complete clinical and treatment documentation could result in denial of authorization.
  - 4. Frequency of reviews will vary based on the clinical status of the client and documentation provided by the psychiatric hospital.
- D. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.

VI. **POLICY LIFESPAN**: This policy will be reviewed annually.

VII. **RESOURCES**: N/A