


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> EEU Inpatient Concurrent UR	<u>POLICY #:</u> DSAMH035
<u>PREPARED BY:</u> EEU UR	<u>DATE ISSUED:</u> 6/6/22
<u>RELATED POLICIES:</u> DSAMH003 Provider Appeals Policy DSAMH031 Involuntary Placement Policy DSAMH032 Voluntary Placement Policy DSAMH034 EEU Inpatient Initial UR DSAMH036 EEU Inpatient Discharge UR DSAMH037 EEU Inpatient Retroactive UR	<u>REFERENCE:</u> NQCA, HEIDIS, CMS
<u>DATES REVIEWED:</u> 4/17/23	<u>DATES REVISED:</u> 3/8/23
<u>APPROVED BY:</u>  4/24/2023 10:47 AM PDT	<u>NOTES:</u> <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 will conduct a concurrent review on the last covered day if additional days are requested. This concurrent 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 uninsured or underinsured patients.

V. **PROCEDURES/RESPONSIBILITIES**

A. Exploration and Discovery of Insurance:

1. Additional information will be requested as needed:
 - a. 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 reviewing clinical documentation for authorization of treatment.

B. Submission of clinical documentation:

1. Clinical documentation will only be accepted via the DSAMH UR email box DSAMH_EEU_UR@delaware.gov with the word “concurrent” in the subject line.
2. Clinical documentation must be submitted by the first business day after the last covered day. Any documentation submitted after this day will be included in the utilization review and considered late.
 - a. Should the last covered day fall on a Friday or prior to a State holiday, clinical documentation shall be submitted on the last covered day, to prevent potential uncovered days.
 - b. Clinical documentation submitted late will not be considered for authorization of treatment and a denial of authorization will be issued for failure to submit review, no exceptions will be made.
3. The number of days requested and the treatment goals for those days and supporting documentation must be included with the clinical submission.

C. Clinical documentation shall include but is not limited to:

1. Documentation of legal status for hospital admission,
2. History and physical if not submitted with the initial review,
3. Documentation that treatment cannot be rendered at a lower level of care,
4. Treatment goals,
5. Progress notes from all disciplines since last review,
6. Group notes since last review, to include dual diagnosis group when appropriate,
7. Documentation of psychoeducation and community resources,
8. Documentation of development of a safety plan or a relapse prevention plan,
9. Vital signs,
10. Laboratory results or diagnostic testing,

11. Medication administration record and information on medication compliance,
12. Documentation of discharge planning,
13. Collateral information such as documentation of contact with outpatient providers, family and/or support system, and
14. Clinical Opiate Withdrawal Scale and/or Clinical Institute Withdrawal Assessment Scale when appropriate.

D. Review of clinical documentation:

1. DSAMH UR will conduct a review of the 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 delay in authorization or denial of authorization.
4. Frequency of reviews will vary based on the clinical status of the client and documentation provided by the psychiatric hospital.

E. 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