

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

Purpose: The purpose of this guideline is to ensure that Beacon Comprehensive Behavioral Health Management (Beacon CBHM) 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 (UM) is on providing the least restrictive level of care along with the appropriate intensity of services necessary to achieve stabilization and/or restoration of baseline functioning 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 Diagnosis
- 1.2 Age
- 1.3 Co-morbidities
- 1.4 Stressors
- 1.5 Progress in treatment
- 1.6 Psychosocial situation
- 1.7 Home environment, when applicable

2.0 Oversight

The Beacon CBHM 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 Vice-President of Product Management and Compliance conducts the review process. The Medical Director gives final approval annually.

3.0 Communication

- 3.1 Clinical indicators are available to Beacon CBHM clinical staff through shared file access.
- 3.2 Clinical indicators are available to providers and patients through the Beacon CBHM website: www.comprehensivebehavioral.com.
- 3.3 Whenever updated clinical indicators are published in the Beacon CBHM provider newsletter.

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3.4 Upon request, clinical indicators, which are used to authorize, modify, or deny healthcare services are distributed to providers, patients, and the public. 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, Utilization Review (UR) nurse, etc.); and 2) an assessment of the local delivery system.
 - 4.1.2 The appropriate level of care is determined by a licensed clinician 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