

Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual	
Policy Name: Clinical Indicators: Outpatient Treatment	Utilization Management
Date: 8-93 Reviewed by QI Committee: 12-06, 11-07, 9-08, 9-09, 01-10, 9-10, 9-11 Revised by QI Committee: 12-06, 9-08, 9-09, 01-10, 9-10, 9-11	Page: 1 of 3 Policy Number: UM-3.8

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 intensity of services necessary to achieve stabilization and/or restoration of function for the patient. This guideline is used for determining if the clinical needs of the patient require outpatient treatment.

2.0 Determine Appropriate Level of Care

A patient meets criteria for outpatient treatment when the criteria set forth below have been met.

- 2.1 The patient has a DSM-IV mental health or substance abuse concern, which is causing subjective distress.
 - 2.1.1 The patient requests treatment with a licensed behavioral health clinician: psychiatrist, clinical psychologist, licensed clinical social worker, licensed marriage family therapist, licensed professional counselor or, psychiatric nurse practitioner AND
 - 2.1.2 The patient or legal guardian has the capacity to consent to treatment. OR
- 2.2 The patient is accessing EAP benefits for a work/life issue.

3.0 Determine Appropriate Intensity Of Care

In order to provide the appropriate intensity of care the following guidelines should be considered:

- 3.1 Patient is in treatment with a licensed clinician for individual, family, or group therapy.
- 3.2 The goal of treatment is either crisis stabilization or short-term therapy to reduce acute symptoms and restore functioning to either previous level or to a level that is commensurate with the patient’s current capabilities, or to prevent deterioration.
- 3.3 Referrals for medication evaluations by a psychiatrist should be made in a timely manner.
- 3.4 Focused psychological testing should be considered when treatment goals are not being met due to inability to define diagnosis even after a comprehensive biopsychosocial evaluation, psychiatric consult, and referral to a physician for a specific medical work-up.

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- 3.5 When appropriate based on the diagnosis, level of functioning, and availability of an appropriate group, a patient should be treated in a time limited, focused therapy group.⁴
- 3.6 A comprehensive treatment program should include the use of adjunctive therapy/support groups within the community and coordination of care with other healthcare providers. The plan should also provide for patient homework between sessions including bibliotherapy, cognitive behavioral therapy assignments, relaxation therapy, behavior modification and journaling.¹
- 3.7 Family therapy should be provided when necessary to improve the functioning and provide symptom reduction related to the patient’s DSM IV diagnosis. This is especially true in the treatment of children and adolescents.³
- 3.8 Coordination of care with other health care providers.

4.0 Determine the Need to Continue At Present Level of Care

The following guidelines apply for determining the need for continued treatment.

- 4.1 At least one of the following criteria should be met:
 - 4.1.1 Intensity of therapy remains appropriate for the patient’s condition and level of functioning.¹
 - 4.1.2 Goals and objectives are being planned and met.¹
 - 4.1.3 Patient continues to experience significant impairment in functioning.
- 4.2 The patient should be discharged when one of the following criteria have been met:
 - 4.2.1 Patient is uncooperative or non-compliant with recommended treatment. (Reassess treatment plan and transfer to a more appropriate level of care or discharge); or
 - 4.2.2 Patient’s condition has deteriorated. (Reassess for appropriate level of care); or
 - 4.2.3 Patient has shown significant improvement in functioning to either previous level or to a level that is commensurate with the patient’s current capabilities; or
 - 4.2.4 Focus of ongoing treatment appears to be on enduring personality traits or behaviors rather than on resolution of a mental health disorder; or
 - 4.2.5 Focus of ongoing treatment appears to be on resolving relational issues unrelated to an acute episode of a mental health disorder.

Bibliography

1. “Brief Intermittent Therapy Throughout the Life Cycle” by Nicholas Cummings in Austad, Carol & Berman, William, Psychotherapy In Managed Health Care: The Optimal Use of Time & Resources, American Psychological Association, Washington, DC (1991)

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2. American Psychiatric Association, Diagnostic And Statistical Manual of Mental Disorders-Fourth Edition, American Psychiatric Association, Washington, DC (1994), page 32

3. “Providing Couple’s Therapy in Prepaid Health Care” by Patricia J. Robinson in Austad, Carol & Berman, William, Psychotherapy In Managed Health Care: The Optimal Use of Time & Resources, American Psychological Association, Washington, DC (1991)

4. “Group Psychotherapy” by Charles E Folders and Nina M. Steefel in Austad, Carol & Berman, William, Psychotherapy In Managed Health Care: The Optimal Use of Time & Resources, American Psychological Association, Washington, DC (1991)