

To: Adult/Older Adult Mental Health Providers

Date: 6/29/18

From: Steve Jones, LCSW, QM Program Manager

Re: A/OA Outpatient Utilization Management

This memo is to inform you of the updated process for A/OA Utilization Management (UM) activities. Utilization Management monitors client progress and reviews specific criteria in order to justify ongoing services or transition clients to a lower level of care. Clients shall be reviewed through the Utilization Management process, which shall be conducted internally, by a Utilization Review Committee (URC) at all County and County Contracted Outpatient programs.

Effective July 1, 2018, a new UM Form has been created and shall be used by A/OA outpatient programs to document the URC process, justify ongoing services or recommendation for transition to lower level of care. This single UM form will serve as the replacement for the previous URC, Justification of Ongoing Services (JOS), and Recommendation forms.

Utilization Review Committee (URC) process is as follows:

- URC shall review at least 5 clients per quarter.
- A review of services, treatment plan, and the UM Form shall be completed in order to support determination and document the results of the URC.
- UM Form shall be reviewed by program manager or designee within 5 business days.
- Program Manager or designee shall be licensed.
- Program Manager or designee may agree with primary provider or may recommend a different level of service.
- Final determination shall be made after agreement by Program Manager or designee and primary provider.
- The UM Form shall be kept in the client record.
- At the time of your Medical Record Review, QM Specialists will review client Utilization Management Forms in addition to programs quarterly URC process.

The URC may review clients for the following reasons:

1. Clients with MORS rating of 6 or higher must be reviewed by the URC in order to justify ongoing services or transition to a lower level of care.
2. Clients with unchanged MORS rating for one year or longer.
3. Clients who have been enrolled in services for 2 years or longer may be reviewed by the URC to determine if additional services are needed to assist them in reaching treatment goals or to identify if discharge to a lower level of care is appropriate.
4. Clients may also be recommended by any provider within the treatment team, including medical

staff. This is not a UM requirement, rather it provides another avenue to identify stable clients who are appropriate for transition to a lower level of care.

For continued authorization of ongoing services the following criteria must also be met:

1. Continued Medical Necessity with demonstrated benefit from services.
2. Meet Target Population Criteria.

Clients who have been approved for ongoing services by the URC shall remain on a UM cycle to be completed annually in order to determine continued eligibility for services.

As questions arise, QM encourages programs to contact QIMatters.hsa@sdcounty.ca.gov for technical assistance.