Adult Outpatient Utilization Management Form Explanation Sheet

Completed By:

- Licensed/Waivered Psychologist
- Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- Licensed/Registered Professional Clinical Counselor
- Physician (MD or DO)
- Nurse Practitioner (NP)

Approval Completed By: Program Manager/Program UM Committee

Compliance Requirements:

1. Completed by Outpatient Programs only

2. Completed by Utilization Review Committee (URC) at minimum quarterly with number of clients reviewed based on Legal Entity policy.

3. URC review requirements will be determined as clinically indicated and following internal program protocols for UM/UR review

4. Clients **may** be recommended for UM/UR based on one or more of the following criteria:
    a. Client enrollment in program for 2 years or longer.
    b. Treatment team recommendation.

5. The URC may authorize up to one year of services at the same level of care per member. Documentation must reflect review process and be made available at BHS request.

Documentation Standards:

1. All elements of the Adult Outpatient Utilization Management Form shall be completed.

2. Document must be reviewed and signed by a Program Manager or licensed designee within five (5) business days of the URC consultation.