COUNTY OF HUMBOLDT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEHAVIORAL HEALTH

PSYCHIATRIC HEALTH FACILITY (PHF)

UTILIZATION REVIEW PLAN

2021-2022

Approved at SV CQI: 7/15/21

HUMBOLDT COUNTY BEHAVIORAL HEALTH
SEMPERVIRENS

UTILIZATION REVIEW PLAN

I. ORGANIZATION, COMPOSITION, AND FUNCTIONS OF THE UTILIZATION REVIEW COMMITTEE. The Humboldt County Psychiatric Health Facility Utilization Review Committee (PHF-URC) is composed of the following members:

Medical Director - Chair / MD (or designee)
Hospital Administrator for Humboldt County Psychiatric Health Facility
QI Coordinator (or designee)
Medical Records Manager (or designee)
Director of Nursing / RN (or designee)
PHF- Utilization Review Nurse / RN (or designee)

The committee is supported by other professional staff involved in the day-to-day process of utilization review. One (1) physician must be present as part of the quorum for the committee to meet.

II. FUNCTIONS OF THE UTILIZATION REVIEW COMMITTEE.

- Review trended utilization patterns.
- Review identified utilization related concerns.
- Review for accuracy a sample of admissions, continued stays, administrative days and adverse decisions previously determined by PHF-UR Nurse and Physician Reviewer.
- Complete and review at least one Medical Care Evaluation Study annually.
- Annual review of the Utilization Review Plan.

III. FUNCTIONS AND RESPONSIBILITIES OF MEMBERS OF THE UTILIZATION REVIEW COMMITTEE.

A. PHF-UR Nurse. The PHF-UR Nurse shall serve on the PHF-URC and act as a representative of that Committee. The PHF-UR Nurse or designee will review admission and administrative stays for appropriateness and completeness and approve the first extended stay based on appropriate documentation. The PHF-UR Nurse or designee will be responsible for completing forms and procedures and maintaining all files associated with determining the presence of medical necessity, projecting lengths of stay (LOS) and authorization, extended stays and administrative days.

B. Physician Reviewer. The Medical Director (or designee) will serve as the Physician Reviewer (PR) on an as-needed basis. During times when the Medical Director has been directly involved with the patient being reviewed, a physician not permanently assigned to the role of Inpatient Psychiatrist will serve as the Physician Reviewer (PR).

The UR Nurse will refer cases to the PR for review and approval of extensions of LOS beyond the first extension, as well as cases not meeting medical necessity criteria in accordance with UR policies and procedures.

The Hospital Administrator and the Director of Nursing, DON, or their designee(s) serve on the PHF URC as individuals who participate and/or are responsible for the beneficiaries.

C. Other PHF-URC Members. The other PHF-URC members shall participate in PHF- URC meetings on an as-needed basis.

D. Limitations or restrictions placed on PHF-URC members: Any PHF-URC member who is primarily involved in the care of the patient whose case is being reviewed shall not participate in the review of that case.

IV. FACILITY SERVED. Humboldt County Behavioral Health PHF Sempervirens is located at 720 Wood Street, Eureka, California.

V. LOCATION AND FREQUENCY OF PHF-UR MEETINGS.

Location:
The PHF-UR meetings shall be held in a confidential Humboldt County Department of Health and Human Services Building and may be offered over WebEx when individuals attend remotely.

Frequency:
The PHF-UR shall meet at least quarterly or more often as necessary, in order to conduct the Committee's business in a timely manner.

VI. DOCUMENTATION (RECORDS, LOGS, FORMS, MINUTES, AND REPORTS). Records and reports of all PHF-URC activities will be maintained in an administrative file for ten (10) years.

A. Utilization Review Nurse's Log: A log of all admissions, continued stay reviews and administrative reviews will be kept by the UR Nurse. The log will be organized to facilitate tracking of individual patient stays. Entries will include:

1. Patient's name;
2. Type of review and approval or disapproval;
3. Date of admission and initial length of stay;
4. Length of previous continued stay and expiration date;
5. Newly assigned length of stay and expiration date;
6. Name of attending Psychiatric Prescriber;
7. Diagnosis;
8. Brief declarative statement of justification for admission; and

9. Copy of Plan of Care.

This information is kept in DHHS Files with restricted access.

B. UR Committee Minutes/Maintained by Medical Staff Coordinator (or designee): Minutes will be kept of the UR Committee meetings and will include:

1. Date and duration of meeting;
2. Names of members present and absent by discipline;
3. Description of activities;
4. The number of sample cases reviewed for accuracy;
5. Period of time from which samples are drawn;
6. Appeals heard;
7. Decisions reached, including the basis for determinations;
8. MCE studies completed or in progress;
9. Signature of the chairman indicating review and approval of the minutes.

C. Reports Generated for UR Committee: All reports generated regarding utilization review statistics are reported at the committee meeting and are kept in DHHS Files with restricted access for further review by committee members on an as needed basis. This information may be utilized for performance improvement or training activities. Recommendations are forwarded as needed per committee approval. The following reports are collected monthly and reported quarterly:

1. MCE Studies (collected as per study dictates)
2. Accuracy Reviews as requested by MD;
3. Accuracy Reviews completed monthly by QI (10% of monthly admits)
4. Denial Letters
5. Appeals of Denials
6. Third Party Denials
7. UR Statistics including; # of admissions of adults & minors, types of admissions, types of insurance, LOS, type of bed day, seclusion and restraints and readmissions within 7 and 30 days.

The UR Committee administrative file will be kept confidential and disclosed only in accordance with applicable State law. See UR Policy and Procedures Manual for PHF-URC forms.

VII. ADVERSE DECISIONS. If the PHF-UR Nurse or designee, the Reviewing Physician or the PHF-UR Committee render an adverse decision regarding admission, continued stay, or administrative stay, the PHF-UR Coordinator or designee will notify the patient (unless clinically contraindicated), the treating physician, and the billing department, as outlined in the UR procedure manual.

When a patient is denied admission or continued stay, the patient will be referred to providers

of appropriate services. Adverse decisions may be appealed through the procedure described in the Appeal Process of this plan.

VIII. PERFORMANCE OF UTILIZATION REVIEW. Performance of UR activities will follow this written plan. The UR Nurse and Reviewing Physician will determine whether each patient meets medical necessity.

A. Admission Review: Admission review is to assess the medical necessity of a patient's admission. Admission review will be conducted by the UR Nurse. Admission reviews will be completed no later than three working days after the admission. At the time of admission review, the following will be compared to the criteria contained in these requirements which justify inpatient care:

1. Admitting information including the diagnosis or symptoms which indicate the need for admission;
2. The Psychiatric Prescriber approved plan of treatment and other supporting documentation which the UR Nurse, and/or the Reviewing Physician considers applicable.

B. Criteria for Admission: In order to meet medical necessity for admission to an acute psychiatric inpatient hospital, both of the admission criteria set forth in (1) and (2) need to be met.

1. The client will have a primary diagnosis consisting of one of the "covered diagnoses" for Inpatient Services as outlined by DHCS in MHSUDS Information Notice No.: 20-043.

2. The client cannot be safely treated at a lower level of care and requires Psychiatric inpatient hospital services, as the result of a mental disorder, due to the indications in either (a) or (b):

a) Has symptoms or behaviors due to a mental disorder that represent a current danger to self or others or significant property destruction, prevent the client from providing for, or utilizing, food, clothing or shelter, present a severe risk to the client's physical health, an/or represent a recent, significant deterioration in ability to function.
b) Requires admission for treatment and/or observation for further psychiatric evaluation, medication treatment, and/or specialized treatment.

If an admission is approved, the UR Nurse will be responsible for assigning an initial length of stay (LOS) based on psychiatric prescriber's documentation. The inpatient staff will complete the essential services involved in diagnosis and treatment as defined Section (E) below within 72 hours after admission, or prior to discharge if LOS is less than 72 hours. Length of stay will be determined using protocol outlined in Utilization Review Policy and Procedures Manual.

C. Initial Continued Stay Review Dates: Continued stay review will be completed by the last day of the previously assigned LOS period. Dates (stays) beyond the days initially allowed must be justified by the attending psychiatric prescriber and entered in the individual's behavioral health record. One extended stay request based on appropriate justification may be approved by the UR Nurse using criteria contained in these requirements. If further stay does not seem medically necessary according to the criteria being used, the case will be referred to a physician member of the UR Committee. In all cases, except for special administrative circumstances (see "Administrative Days"), subsequent extensions require approval by the reviewing physician or the UR Committee, each of which may be approved up to the number of days specified in these standards. Disagreement between the attending psychiatric prescriber and the reviewing physician must be referred to the full UR Committee for resolution.

D. Criteria for Subsequent Continued Stay Review Dates: In order to meet medical necessity for extensions of initial stays, one of the following criteria needs to be met:

1. Continued presence of admission criteria indications for psychiatric inpatient hospital services.
2. Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization.
3. Presence of new indications which meet admission criteria.
4. Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in an acute psychiatric inpatient hospital unit.
5. Reasons and plan for continued stay, if the attending physician believes continued stay is necessary.

E. Essential Services Involved in Diagnosis and Treatment:

1. Standard psychiatric work-up including mental status and physical examination.
2. Assessment of patient's social and familial functioning, psychological strengths and assets, and available support systems, including community agencies.
3. Ongoing progress notes reflective of the patient's progress in treatment and the clinician's interventions.
4. Development of a multidisciplinary treatment plan.
5. Orders for necessary drug therapy, social therapy, behavior modification, other appropriate intervention, and any medical/surgical problems.
6. Specific additional services as listed under the particular diagnosis in "Format-Review Criteria by Diagnosis for Inpatient Hospital Services" in MHSUD Information Notice No.: 18-053.

Before the expiration of the continued LOS, each case must be reviewed again in the manner prescribed by the UR Plan. These reviews shall be repeated as long as the continued stay remains medically necessary and is further approved by the UR

Coordinator or physician member.

F. Each patient will have an individual comprehensive treatment plan that is based on and inventory of the patient's strengths and disabilities within seventy-two (72) hours of admission. The plan shall include each of the following components:

1. A substantiated diagnosis,
2. Signs and symptoms of psychiatric impairment indicating the need for admission,
3. A description of the functional level of the client,
4. Short-term and long-range goals,
5. Any orders for medications, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the client, plans for continuing care, and plans for discharge,
6. The responsibilities of each member of the treatment team,
7. Documentation of the client's degree of participation in and agreement with the plan,
8. Documentation of the psychiatric prescribers' establishment of the plan, and
9. Other supporting material appropriate to the individual client/patient.

IX. ADMINISTRATIVE DAYS. All patients served on the PHF must have a diagnosable mental disorder. If, however, symptoms do not meet the admission or continued stay criteria specified in these requirements the following categories of special circumstances warrant inpatient care:

A. The patient is hospitalized due to the actions of an authority over which the local behavioral health director has no direct control and without the concurrence of whom the patient cannot be discharged;

B. Alternative community care is not immediately available due to (1) temporary lack of placement funds; or (2) temporary lack of therapeutically appropriate facility.

When there is no appropriate, non-acute treatment facility available, administrative days are given once effort has been made and documented that attempts to find a facility have taken place. The lack of placement options at appropriate facilities and the contacts made shall include documentation that includes; the status of the placement option, date of the contact, and signature of the person making the contact.

For patients in the above situation, continued stay reviews will be conducted at five (5) working day intervals.

Documentation of administrative days will reflect continuing efforts to resolve the circumstances preventing discharge.

Discharge shall occur at the earliest opportunity following resolution of the above circumstances.

X. APPEAL PROCESS. In the event that a physician or administrator disagrees with a decision that the UR nurse has made or if the nurse is questioning medical necessity of a day an accuracy review may be requested. The accuracy review is conducted by another review nurse from the QI Unit independently of information from the first review nurse. At times two separate accuracy review nurses may be asked to review a client stay. Accuracy reviews must be completed within two business days. Results will be shared with the Medical Director, the UR nurse, and other staff involved. If all parties agree the Fiscal Unit is notified and the URF for the client will be adjusted accordingly. If the results are still not acceptable the appeal process may be initiated.

Adverse decisions rendered by the UR Nurse or the Reviewing Physician may be appealed by the attending physician, the patient or the patient's family. Appeals will be made to the Local Behavioral Health Director who will make the final decision in the matter, and may request input from the Medical Director. The appeal must be presented to the Local Behavioral Health Director within one week of the adverse decision. The Local Behavioral Health Director will make a decision within one working day of receiving the appeal. A copy of the appeal and the decision will be kept by the UR nurse. A log of appeals will be maintained and reported by the UR nurse at the quarterly UR Committee Meetings.

XI. CONFIDENTIALITY

PHF-URC minutes are confidential and may only be disclosed in accordance with State law. PHF-URC minutes will be kept by the Medical Staff Coordinator/Secretary in an administrative file separate from the clinical records, in DHHS Files with restricted access. Copies of admission and continued stay review shall be kept by the PHF-UR Nurse separate from clinical records, locked in the UR Office. All PHF-UR records, logs, and documentation shall be maintained for a minimum of ten (10) years.

XII. MEDICAL CARE EVALUATION STUDY

A. At least one PHF medical care evaluation study will be completed annually and one study in progress at any time.

B. The Quality Improvement Coordinator will meet with the PHF-URC to identify areas of concern where there exists a serious or potential service delivery problem including:

1. Review of monthly incident reports;
2. Patient's Rights Advocates reports;
3. Elopement reports;
4. Infection Control reports;
5. Unusual Occurrence reports;
6. Medical practice; and
7. Topics generated by PHF-URC

C. Content of each MCE study must:

1. Identify and analyze medical or administrative factors related to patient care.
2. Include analysis of at least the following:
   a) Admissions
   b) Durations of stay
   c) Ancillary services furnished, including drugs and biologicals.
   d) Professional services performed in the facility.

D. The Quality Improvement Coordinator shall also oversee development of design consisting of at least a predetermined document screening criteria, valid sampling techniques, an analysis of findings and recommendations for corrective action, if necessary.

E. A representative mix of Short-Doyle and Short Doyle/Medi-Cal patients shall be included in those samples drawn for study purposes.

F. The Utilization Review Nurse or designee will complete the study and may use other resources to complete this research such as a committee composed of other professionals or other research sources such as the Humboldt State University.

G. The UR Committee will take action as needed and/or make recommendations to correct or investigate further any deficiencies or problems in the review process or recommend more effective and efficient facility care procedures.

XIII. MEDICAL RECORDS REQUIREMENTS. Each patient's medical record must include at least the following:

- Identification data (i.e., name, age, date of birth, address, telephone number, date of admission, etc.);
- Evaluation/assessment;
  Treatment plan;
- Progress notes;
- Name of patient's medical staff member responsible for care;
- Continued stay documentation (specific reasons justifying the continued stay);
- Discharge summary; and
- All other pertinent health record information.

XIV. DISCHARGE PLANNING

The treatment team will initiate the written discharge planning process as soon as possible after the patient is admitted to the PHF in order to facilitate discharge as soon as care at the present level is no longer necessary.