

# **Chapter: Utilization Review (UR)**

## **Section 1: Utilization Review Standards**

### **Policy**

Utah State Hospital provides for and demonstrates appropriate allocation of its resources through an effective utilization review program.

### **Procedure**

1. The utilization review program addresses over-utilization, underutilization, and inefficient scheduling of resources.
  2. The hospital implements a written plan that describes the utilization review program and governs its operations.
    - 2.1. The utilization review plan is approved by the medical staff, administration, and governing body.
  3. The utilization review plan includes at least the following:
    - 3.1. A delineation of the responsibilities and authority of those involved in the performance of utilization review activities, including members of the medical staff, any utilization review committee(s), non-physician health-care professionals, administrative personnel, and, when applicable, any qualified outside organization contracting to perform review activities specified in the plan.
    - 3.2. A conflict-of-interest policy applicable to all involved in utilization review activities.
    - 3.3. A confidentiality policy applicable to all utilization review activities, including any findings and recommendations.
    - 3.4. A description of the method(s) for identifying utilization-related problems, including the appropriateness and medical necessity of admissions, continued stays, and supportive services, as well as delays in the provision of supportive services.
    - 3.5. The procedures for conducting concurrent review, including the time period within which the review is to be initiated following admission to be used in assigning continued-stay review dates.
    - 3.6. A mechanism for the provision of discharge planning.
  4. Concurrent review focuses on those diagnoses, problems, procedures, and/or practitioners with identified or suspected utilization-related problems.
    - 4.1. Source of payment is not the sole determinant in identifying patients for concurrent review.
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5. To facilitate discharge as soon as an inpatient level of care is no longer required, discharge planning is initiated as early as a determination of the need for such activity is made.
6. The hospital's utilization review program, including the written plan and criteria, is reviewed and evaluated at least annually and is revised as needed.

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# **Chapter: Utilization Review (UR)**

## **Section 2: Utilization Review Plan**

### **Purpose**

The Utah State Hospital Utilization Review Plan (USH-URP) has several purposes:

1. To assist hospital leadership to be aware of and to assess in detail clinical services provided at Utah State Hospital.
2. To assist in the maintenance of high quality care of patients, as state resources allow, in the Utah State Hospital.
3. To make recommendations to appropriate administration and/or clinical personnel to improve the value and efficient use of hospital resources.

### **Authority**

The development and implementation of the Utilization Review Program has been authorized by the Governing Board and approved by the Medical Staff Bylaws.

### **Scope of Service**

The Utilization Review Committee reviews the services to patients furnished by members of the medical staff and the Utah State Hospital professional staff. This includes, but is not limited to the medical necessity of admissions; duration of stay; professional services provided, including medications; and the efficient use of personnel and facilities in order to promote maximum treatment benefit and discharge planning.

### **Organization**

The Utilization Review Committee (URC) is a permanent, standing committee of Utah State Hospital. It maintains effective liaison with the committees of the Medical Staff and is considered part of the Continuous Quality Improvement Program.

Functions of the Utilization Review Committee Include:

1. Carrying out utilization review for all patients in the hospital regardless of source of payment.
  2. Conduct admission, continued stay, and quality improvement screens under the direction of the Utilization Review Committee by the Utilization Review Coordinator and staff.
  3. The Utilization Review Committee is responsible for screening patient stays according to USH criteria for admission, continued-stay, and discharge.
  4. The Utilization Review Committee is responsible for the on-going evaluation of care.
  5. The Utilization Review Committee addresses over-utilization and, under-utilization.
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## ***Records and Reports***

1. All Utilization Review records and reports are maintained by the Utilization Review Committee Manager. The UR records include the UR Admission Review, Second Step Admission Review, Continued Stay Review, Second Step Continued Stay Review, and Utilization Review Documentation.

## ***Method of Review and Use of Criteria***

1. The unit psychiatrist documents that the patient does or does not meet CMS certification criteria. This is done at admission, by the 14<sup>th</sup> day of hospitalization, and at least every 30 days thereafter.
  2. The admission and continued stays of all patients are screened according to CMS criteria.
  3. Criteria used by URC to determine the necessity for admission and continued stay have been approved by the Utah State Hospital Utilization Review Committee in compliance with current CMS regulations.
  4. Within 24 hours of admission, a psychiatrist and a medical practitioner document an assessment of each patient's need for care in the hospital. These assessments meet Federal, State, and USH requirements. The medical/psychiatric assessment include:
    - A. Medical History
    - B. Record of Mental Status
    - C. Onset of illness and the circumstances leading to admission
    - D. Description of attitudes and behaviors
    - E. Estimated intellectual functioning, memory function, and orientation
    - F. Inventory of the patient's assets in a descriptive, not interpretative fashion
    - G. Diagnosis(es): according to current DSM and ICD classifications
      - Summary of present medical functioning
      - Medical history
      - Mental functioning
      - AIMS screen
    - H. Certification or non-certification by the assigned psychiatrist concerning admission to USH
    - I. Provisional treatment plan
  5. Closer scrutiny is applied to cases where there are indications of:
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- A. Over-utilization
  - B. Under-utilization
  - C. Inefficient scheduling of resources
  - D. Extended length of stay
6. Chart information screened/reviewed includes:
- A. Patient identification information
  - B. Identification of attending physician
  - C. Date of admission
  - D. Diagnosis(es) and problem(s)
  - E. Treatment Plan
  - F. Documentation of justification for admission/continued stay.
  - G. Legal status

### ***Admission Review***

- 1. Notification of Admission:
    - 1.1. The Utilization Review Coordinator accesses admission data including legal status through the USH computer system.
  - 2. Assignment of an Initial Continued-Stay Review Date:
    - 2.1. The Utilization Review Committee Manager schedules the First-Step Screening of the patient within 48 hours of admission during regular working hours.
  - 3. First-Step Screening:
    - 3.1. Within 48 hours of admission during regularly scheduled working hours, a Utilization Review nurse screens the patient record to make an initial determination of whether or not the admission is justified.
    - 3.2. This determination is based upon the documentation available in the medical record. The specific portions of the record being examined during the admission screening are:
      - 3.2.1. The Initial Psychiatric Assessment is completed by a psychiatrist within 24 hours of admission. This assessment includes a summary of mental and physical functional levels, diagnosis, prognosis, and explicit recommendation by the physician with respect to admission. The rationale for ordering medication is also included in the admission progress note.
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- 3.2.2. Physician Orders, as appropriate for medications, treatment, restorative and rehabilitative services, therapies, activities, social services, diet, and special procedures recommended for the health and safety of the patient.

### **Satisfactory First-Step Screening**

1. If documentation supports that admission is justified in accordance with specific criteria, an Initial Continued Review Date is established at that time, which is not to exceed 30 days from the admission review.
2. When the Initial Continued Stay Review has been established, the Utilization Review nurse completes the UR Admission Review form, which is maintained in the Utilization Review Office for six months.
3. The Utilization Review nurse enters the results of the review on the Utilization Review Documentation form in the patient's chart.

### **Unsatisfactory First-Step Screening**

1. If documentation does not justify necessity of admission, the UR Admission Review form is completed, indicating that the first-step screening was unsatisfactory and the reasons. The Utilization Review staff determines a 48-hour re-screening date.
2. The Utilization Review nurse enters the results of the review on the Utilization Review Documentation form in the patient's chart.
3. The Local Mental Health Authority (LMHA) is notified that the admission will be referred for a second-step review and invited to present additional information, if desired, within 24 hours.
4. One copy of the Admission Review is forwarded to the Chairperson of the URC and one copy is sent to the attending physician.

### **Second-Step Review**

1. The second-step physician reviewer is a psychiatrist not responsible for the care of the patient.
2. The Utilization Review Coordinator supplies the second-step physician with a copy of the completed Admission Review form and a Second-Step Admission Review form for him/her to complete.
3. Any information received from the LMHA is forwarded to the second-step physician reviewer for his/her consideration.

### **Satisfactory Second-Step Review**

1. If the physician reviewer determines that the admission is appropriate, he/she completes and signs the Second-Step Admission Review and returns it to the Utilization Review Coordinator.
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2. The Utilization Review Committee Coordinator completes the Utilization Review Documentation form in the medical record. The Utilization Review Office maintains the Admission Review form and the Second-Step Admission Review form on file for five years.

### **Unsatisfactory Second-Step Review**

1. If the physician reviewer has reason to believe that the admission is not justified, he/she confers with the attending physician and affords an opportunity for the attending physician and the clinical team to present their views. If the physician reviewer concurs with the attending physician that admission is justified, and if documentation exists to support this determination, a Continued-Stay Review Date is established.
2. If, after conferring with the attending physician, both the physician reviewer and the attending physician agree that the admission is not justified, recommendations are made for the patient's discharge.
3. If, after conferring with the attending physician, the physician reviewer and the attending physician do not agree, the case is referred to the Hospital Clinical Director for final determination within 48 hours.
4. If the HCD second-step review decision is that criteria for Admissions have not been met, notification of this decision is sent by the URC Chairperson within 24 hours to:
  - A. Hospital Superintendent
  - B. Hospital Clinical Director
  - C. Unit Clinical Director
    - 4.C.1. Patient's attending psychiatrist places the patient on the hospital's discharge list
  - D. Unit Administrative Director
  - E. Director of Quality Resources
  - F. Business Department
  - G. Medicaid agency as appropriate
  - H. Appropriate court through Legal Services Manager
  - I. Patient's social worker informs patient/family
  - J. LMHA liaison

A copy of the letter notifying the above of the decision is kept on file by the Utilization Review Committee Manager, in the Utilization Review Office.

5. The Utilization Review Committee Coordinator completes the Utilization Review Documentation form in the medical record. The Utilization Review Office maintains the Admission Review form and the Second-Step Admission Review form on file for five years.
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### **Justification after Second-Step Review**

1. If the third physician (HCD) agrees with the attending physician that the admission is justified, a Continued Stay Review Date is established.
2. The Utilization Review Coordinator completes the Utilization Review Documentation form in the patient's record and maintains the Admission Review form and the Second-Step Admission Review form on file in the Utilization Review Office for five years.
3. Notification of the decision is sent to:
  - A. Hospital Superintendent
  - B. Hospital Clinical Director
  - C. Unit Clinical Director
  - D. Unit Administrative Director
  - E. Director of Quality Resources
  - F. LMHA liaison

### ***Continued Stay Reviews***

When the Continued Stay Review date is assigned, it is documented on the Utilization Review Documentation form.

#### **First-Step Screening Criteria:**

1. On or before the Continued Stay Review Date, the Utilization Review Coordinator screens the patient medical record to make an initial determination of whether or not Continued Stay is justified. This determination is made by reviewing documentation in the medical record, which clearly indicates compliance with criteria for extending the initial length of stay. These include:
  - 1.1. Treatment Plan review notes at least every 30 days.
  - 1.2. Individual Comprehensive Treatment Plan (ICTP), which is updated at least every 30 days.
  - 1.3. Progress notes, which document implementation of the ICTP.
  - 1.4. Physician's Orders as appropriate for medications, treatment, restorative and rehabilitative services, therapies, activities, social services, diet, and special procedures recommended for the health and safety of the patient.
  - 1.5. Any other pertinent areas indicated by the ICTP, such as tests and procedures, i.e., EEG.

**Satisfactory First-Step Screening:**

1. The process for Initial Continuous Stay and subsequent Continued Stay remains the same as stated for the Admission Review.

**Unsatisfactory First-Step Screening:**

1. If documentation cannot justify Continued Stay, the Continued Stay Review form is completed, indicating that the first-step screening was unsatisfactory and the reasons. A copy of the form is forwarded to the Chairperson of URC, and one is given to the attending physician. The Utilization Review Coordinator enters the results of the review and a 48 hour re-screening date on the Utilization Review Documentation form in the patient's chart.
2. The LMHA is notified that the patient has been referred for a second-step review for continued stay, and invited to submit any comments/input within 24 hours.
3. The attending physician responds within 48 hours, indicating that appropriate documentation has been entered in the medical record, which is then re-examined.
4. If the attending physician fails to respond within 48 hours, or if the documentation has not been entered in the medical record, it is then re-examined.

**Satisfactory Second-Step Review:**

1. If the physician reviewer has reason to believe the Continued Stay is not justified, he/she confers with the attending physician and affords him/her and the clinical team an opportunity to present their views. If the physician reviewer concurs with the attending physician that continued stay is justified, and if documentation exists to support this determination, a subsequent continued stay review date is established.
2. The physician reviewer completes the Second-Step Continued Stay Review form and returns it to the Utilization Review Coordinator.
3. The Utilization Review Coordinator enters the results of the Second-Step Review on the Utilization Review Documentation form in the patient's medical record. The Utilization Review Office maintains the Continued Stay Review form and the Second-Step Continued Stay Review form on file for five years.

**Adverse Determinations**

1. If, after conferring with the attending physician, both the physician reviewer and the attending physician agree that Continued Stay is not justified, recommendations are made for the patient's discharge.
  2. If, after conferring with the attending physician, the physician reviewer and the attending physician do not agree, the case is referred to the Hospital Clinical Director.
  3. If the Hospital Clinical Director agrees with the physician reviewer that continued stay is not justified, he/she signs the UR form, and arrangements are made to discharge the patient. The attending physician and the clinical team have the right to appeal to the full Utilization Review Committee.
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4. If the final second-step review decision is that criteria for Continued Stay have not been met, notification of this decision is sent by the Chairperson of URC within two working days to:
  - A. Superintendent
  - B. Hospital Clinical Director
  - C. Unit Clinical Director
  - D. Unit Administrative Director
  - E. Business Office
  - F. Director of Quality Resources
  - G. Medicaid agency as appropriate
  - H. Appropriate court through the Legal Services Manager
  - I. Treatment Coordinator, to inform patient/family
  - J. Local Mental Health Authority (LMHA) liaison

A copy is maintained by the Utilization Review Office.

5. The Utilization Review Committee Coordinator completes the Utilization Review Documentation form in the medical record. The Utilization Review Office maintains the Continued Stay Review form and the Second-Step Continued Stay Review form for five years.

**Justification after Second-Step Review:**

1. If the Hospital Clinical Director agrees with the attending physician that the continued stay is justified, a subsequent Continued Stay Review Date is established.
  2. The Utilization Review Coordinator makes the appropriate entries on the UR Documentation.
  3. Notification of the decision is sent to:
    - A. Hospital Superintendent
    - B. Hospital Clinical Director
    - C. Unit Clinical Director
    - D. Unit Administrative Director
    - E. Director of Quality Resources
    - F. LMHA
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4. The Utilization Review Coordinator maintains the Continued Stay Reviews form and the Second-Step Continued Stay Review form on file for five years.

### ***Subsequent Continued Stay Review***

The Subsequent Continued Stay Review is completed according to accepted criteria on length of stay. At the expiration of such further stay, the case is reviewed in like manner with such review being repeated according to accepted criteria, so long as medical-psychiatric necessity for the stay exists.

### ***Discharge Review Mechanism***

1. Discharge planning begins at admission with the Initial Psychiatric Assessment by the admitting psychiatrist.
2. Within the first week of admission, a social worker is assigned to assist with discharge planning.
3. Discharge planning is reviewed at least every 30 days by the treatment team.
4. Discharge planning updates are documented in the progress notes and the ICTP. These are reviewed by the UR Coordinator on a regularly scheduled basis.
5. Discharge planning problems encountered by the assigned social worker are referred to the unit clinical/administrative director, director of the discipline, and the URC.
  - 5.1. Addition to the discharge list, identification of discharge needs and barriers are documented in echart by the unit clinical director.
6. Rapid readmissions (patients readmitted within 30 days of discharge) and Medical Separations are reviewed by the UR Committee.

### ***Resource Utilization Review***

The findings, conclusions and recommendations of these reviews are submitted to the appropriate persons.

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