

<b>CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL</b>		Chapter:	1.12
Title:	INTRODUCTION AND ADMINISTRATIVE POLICIES	Page:	1 of 2
		Date Effective:	July 1, 2002
Subject:	UTILIZATION MANAGEMENT	Date Revised:	May 18, 2002
		Authorizing Signature:	

**AUTHORITY:** Guiding Principle(s): Effectively Managed, Consumer Focused, Holistic/Humanitarian, Accessible, Responsive  
WAC 388-865-0320  
DSHS/MHD – CDRSN/PHP contract

**SCOPE:** This policy applies to Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDRSN/PHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

**PURPOSE:** This policy describes the process for utilization management and review that is independent of its providers. The intent of utilization management is to monitor access to quality care, to evaluate the levels of care provided to ensure adequate quality of care, and manage resources.

**DEFINITIONS:** n/a

**POLICY:**

- A. The CDRSN/PHP and its providers provide effective and efficient management of resources.
- B. The CDRSN/PHP and its providers assure capacity sufficient to deliver appropriate quality and intensity of services to enrolled clients without a waiting list consistent with CDRSN/PHP and mental health division contracts.
- C. The CDRSN/PHP and/or its contractors plan, and coordinate community support services.
- D. The provider ensures that services are provided according to the clients individual treatment/service plan.
- E. The CDRSN/PHP and its providers ensure assessment and monitoring processes are in place by which service delivery capacity responds to changing needs of the community and enrolled clients.

- F. The CDRSN/PHP and its providers will collaborate in the development, implementation, and enforcement of written level of care guidelines for admission, placements, transfers, and discharges into and out of services. The guidelines must address:
  - a. Level of care guidelines, and any decision making processes surrounding those guidelines, is available in language that is clearly understood by all parties involved in an individual clients care, including laypersons.
  - b. Criteria for admission into various levels of care are clear and concrete.
  - c. Methods to ensure that services are individualized to meet the needs for all Medicaid clients served, including clients of different ages, cultures, languages, civil commitment status, physical abilities, and unique service needs.
  - d. To the extent authorization of care are any level of care or at continuing stay determinations is delegated to providers, the CDRSN/PHP retains a regular oversight role to assure those decisions are being made appropriately.
  
- G. The CDRSN/PHP and contracted providers collect data that measures the effectiveness of the criteria in ensuring that all eligible people receive services that are appropriate to his/her needs.
  
- H. The CDRSN/PHP reports to the mental health division any knowledge it gains that services providers are not in compliance with all state and federal laws and regulations.

SEE ALSO: Glossary of Terms and Acronyms