



SBH-ASO POLICIES AND PROCEDURES

Policy Name: UTILIZATION MANAGEMENT OF OUTPATIENT SERVICES

Policy Number: UM806

Effective Date: 1/1/2020

Revision Dates: 3/12/2020

Reviewed Date: 7/19/2019; 5/9/2024

Executive Board Approval Dates: 11/1/2019; 5/22/2020

PURPOSE

To define Utilization Management (UM) processes and requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO) and its subcontractors.

POLICY

UM of Behavioral Health Services are conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible residents of the Salish region. SBH-ASO shall ensure all UM activities are under the oversight of the Behavioral Health Medical Director and are structured to not provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.

SBH-ASO may specify what constitutes medical necessity in a manner that is no more restrictive than the State Medicaid program. For the purpose of UM, SBH-ASO may place appropriate limits on a behavioral health service based on criteria applied under the State plan, such as medical necessity, provided the behavioral health services furnished could reasonably be expected to achieve their purpose. SBH-ASO reviews activities for UM including:

Level of Care Guidelines

SBH-ASO utilizes the guidelines outlined in the SBH-ASO Levels of Care Policy. In addition, SBH-ASO uses current American Society of Addiction Medicine (ASAM) criteria for Substance Use Disorder levels of care. SBH-ASO has UM guidelines that identify the type and intensity of services associated with each

level of care. For additional detail about the use of the protocols in the Salish region, refer to SBH-ASO Levels of Care Policy.

PROCEDURE

I. Prior Authorization Review

- A. Outpatient Level 1 Service Authorization Requests will be submitted to SBH-ASO through the Notification and Authorization Request for each month of request, unless otherwise indicated. Requests for services should be received within fourteen (14) calendar days of the date of the requested month of service.
- I. Prior Authorization Review –
SBH-ASO conducts prior authorization reviews for the authorization of outpatient services. The criteria applied in the prior authorization review process for outpatient services are applied to the following levels of care:
 - A. Level 1 Outpatient Services
 - i. Mental Health Standard
 - ii. Mental Health PACT
 - iii. Mental Health/SUD Least Restrictive Order/AOT
 - iv. SUD Standard
 - v. SUD OTP
 - B. For Out-of-Network Requests, prior authorization reviews are conducted for:
 - i. Outpatient Services; and
 - ii. Psychological Testing.
- B. SBH-ASO Care Managers will review the Notification and Authorization Request to determine if an individual meets financial eligibility, medical necessity criteria, and resources are available to enroll the individual into services.
 - i. Authorization Request Approval
 - a. If documentation has been received, SBH-ASO UM staff verify criteria has been met and process the authorization.
 - ii. Adverse authorization review determinations based on medical necessity (Actions) include any decision to authorize a service in an amount, duration, or scope that is less than requested shall be conducted by:
 - 1. A contracted physician board-certified or board-eligible in Psychiatry or Child and Adolescent Psychiatry;

2. A contracted physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry; or
 3. A contracted licensed, doctoral level clinical psychologist.
- C. The Provider is notified of the decision.
- D. Upon an Adverse Authorization Determination, Notice of Action or Adverse Authorization Determination letter is sent to the individual requesting services.