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| SUBJECT: CRU Concurrent and Retrospective Review | | Page 1 of 2 |
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| Relates To Policy: | 01-500-02 | |

I. AFFECTED DEPARTMENTS

GHS Utilization Management; Hope Network New Passages CRU

II. PURPOSE

Genesee Health System (GHS) is responsible for authorizing crisis residential services for Medicaid recipients and uninsured eligible individuals. Service is authorized based on medical necessity and service criteria outlined in the Medicaid Manual. This procedure is to ensure that consumers continue to meet medical necessity for authorization throughout their episode of care at crisis residential (CRU). This procedure will also ensure that a comprehensive assessment and new individual plan of service is developed when a consumer's CRU episode of care exceeds 14 days.

III. PROCEDURE

- A. Initial authorization for the CRU will be for three (3) days when medical necessity is established through the pre-screen completed by Utilization Management (UM) or after-hours pre-screen delegation to Crisis Intervention & Response Team (CIRT); or when approved as a step-down from inpatient services.
- B. The CRU psychiatrist will assess the consumer within 48 hours and will document on the psychiatric evaluation medical necessity for crisis residential services (i.e. persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings).
- C. The CRU will submit a continued stay review (CSR) through CHIP if a consumer requires additional days. Submission is to be completed by the afternoon following the last date approved.
- D. UM will review the CSR and authorize additional days based on Medical Necessity Criteria and Service Selection Guideline for continuing stay. Continuing authorization for services will include, at a minimum, consideration of the following: history of presenting problem; consumer treatment progress; functional impairments; risk factors/health and safety concerns; current medications; and treatment alternative recommendations/discharge plan.
- E. When a consumer's length of stay reaches 14 days, UM will require all crisis residential programs to complete a new, comprehensive biopsychosocial assessment and a new plan of service in CHIP, documenting medical necessity for continued services prior to approving any further authorizations. UM Coordinators will also receive a daily report that is automatically sent via email identifying consumers who have been admitted for 14 days so as not to authorize without reviewing the biopsychosocial assessment and new plan of service.
- F. Once per month, a report will auto-generate to the UM Manager and UM Senior Secretary, identifying all consumers whose length of stay exceeds 14 days. Utilization Management will complete a retrospective review for 100% of consumers exceeding 14 days. UM will document their findings on the CRU Retrospective Review Tool (Attachment A). The results will also be added to the CRU Retrospective Spreadsheet (Attachment B) and saved in the UMP shared folder.

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- G. If medical necessity was not documented for part or all of the stay, the authorization will be adjusted accordingly, adequate notice will be mailed to the consumer/ guardian, and the CRU will be notified in writing utilizing the CRU Denial Memo Template (Attachment C). If there is a denial and the claim has already been processed, the UM Coordinator will inform the UM Manager to request provider payback from the VP of Business Operations and Director of Business Operations.
- H. Once per quarter, the UM Manager will select random cases for retrospective review to check for medical necessity, specifically including in the review of the psychiatric evaluation for evidence of medical necessity for CRU admission. These reviews will be documented on the retrospective audit form and retrospective spreadsheet outlined in step E, and the authorization will be adjusted and notice sent as outlined in step F.

IV. DEFINITIONS

Concurrent Reviews: Continued stay reviews completed while the consumer is still receiving services to determine medical necessity for continued authorization.

Retrospective Reviews: Process of reviewing for medical necessity after the delivery of the service.

V. TRAINING AND DISSEMINATION

UM staff will be trained in this procedure prior to implementation. Hope New Passages crisis residential programs will be trained in completing the biopsychosocial assessment and new plans for continued authorization greater than 14 days.