



# Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	422
<b>Policy Title</b>	Utilization Review
<b>References</b>	California Code of Regulations (CCR), Title 9, Division 1, Section 1830.205 CCR, Title 9, Division 1, Section 1830.210; California Department of Health Care Services (CA DHCS) Letter 95-04 Monterey County Behavioral Health (MCBH) Policy 129 – Medical Records Documentation MCBH Policy 443 – Scope of Practice MCBH Documentation Guide
<b>Form</b>	Utilization Review Tool (contact Monterey County Behavioral Health Quality Improvement for most current version)
<b>Effective</b>	September 1, 1989 Revised: November 7, 1991 Revised: July 26, 1993 Revised: October 8, 1995 Revised: April 6, 2006 Revised: January 22, 2015

## POLICY

In any given fiscal year, Monterey County Behavioral Health (MCBH) will conduct an in-depth utilization review (UR) on a minimum of 10% of its client health records with services in that particular fiscal year to ensure services and related documentation are in compliance with all relevant Federal, State, and Monterey County statutes and regulations.

UR includes, but is not limited to, an evaluation of: whether or not services meet statutory and contractual standards for medical necessity (e.g., criteria established by the California Code of Regulations, Title IX for MediCal beneficiaries; terms of a contract with a private insurer); documentation; billing; clinically appropriate services; and scope of professional practice.

Information learned through the UR process will be used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. General trends from the UR process will be presented by MCBH QI to direct service staff and to the Quality Improvement Committee (QIC) at least once per fiscal year as part of the ongoing improvement initiatives.

MCBH Quality Improvement (QI) has primary oversight of MCBH processes. As such, MCBH QI will have the following duties related to MCBH's overall UR processes:

- 1) Establish an annual review schedule that ensures that each and every MCBH program (both internal and contracted) with billable services that particular fiscal year will undergo the UR process.
- 2) Review a random selection of client health records for each program.
- 3) Issue Quality Improvement Action Requests (QIARs; see Policy 493 – Quality Improvement Action Request) that must be acted upon by the provider, team, and/or program receiving the QIAR in the time frame specified.

- 27 4) Provide feedback to individual providers, teams, and/or programs regarding the findings from the UR  
28 process.  
29 5) Update the MCBH Utilization Review Tool as needed to maintain compliance with all relevant  
30 Federal, State, and Monterey County statutes and regulations.  
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32 MCBH Administration and QI may establish any additional processes required to fulfill the 10% review rate  
33 target utilizing services managers, unit supervisors, and/or licensed or license-eligible providers as necessary  
34 to achieve the specified review rate.  
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36 Utilization review activities are not billable services. If non-QI Team members (e.g., MCBH supervisors,  
37 managers, license-eligible staff, license-eligible contractors) engage in utilization review activities, the staff or  
38 contractor will utilize “QI Time” to account for these activities.  
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40 It is the expectation of MCBH that its contractors conduct their own utilization review processes in compliance  
41 with Federal and State laws and contractual obligations with MCBH and any other payor source.  
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#### 43 Peer Reviews

44 Peer review is a process in which a provider’s service delivery and clinical documentation is reviewed by a  
45 non-supervisor, non-management licensed, license-eligible, waived member of the provider’s clinical team.  
46 The UR process does not require peer review for each and every single opening or annual renewal (aka  
47 annual treatment plan) of client services. However, peer reviews are allowed if specific teams and programs  
48 prefer peer review by a licensed, license-eligible, or waived member of the team; by the unit supervisor; or  
49 by the services manager prior to opening or renewing client services.