The Cumberland Heights Foundation, Inc.

Utilization Management Plan

As part of the organization's Quality Management Plan, the Utilization Management Plan was developed by clinical management and the leadership team and approved by the Board of Directors for the purpose ensuring efficient and effective use of resources in the clinical treatment of its patients. The ongoing goals of this plan include:

1. to ensure that patients receive high quality care, consistent with the organizational mission, in a cost effective manner, by establishing standards for admission, continued stay, and discharge, as well as exclusion criteria;
2. to ensure that appropriate allocation of the organization's clinical and training resources occurs in order to deliver that care and deliver it at the appropriate level needed by the patient;
3. to provide feedback to clinical management, quality management, and human resources for the continued coaching and training of the clinical staff;
4. to inform clinical management and the Leadership Team, as well as the Board of Directors regarding the appropriate, efficient, and effective use of the organization's resources.

The process of placement determination begins with the pre-admission screening and intake assessment. Collection of collateral information from family members, significant others, and referral sources as appropriate begins at this time as well. During this time, an admission counselor and a triage nurse, consulting with physicians as necessary, determine a preliminary recommendation as to appropriateness for admission and level of care placement. For those patients accepting a recommendation for admission for detoxification and/or residential rehabilitation services, a preliminary treatment plan is developed with the patient by a registered nurse. The admission counselor often conducts the initial third party payor review for those patients who are utilizing behavioral healthcare benefits.

Upon admission, a multi-disciplinary team assessment process continues with more in depth assessments in the area of addiction medicine, as well as psychiatry as appropriate. A bio-psycho-social-spiritual assessment is completed for each patient with nutritional, recreational, trauma, self-harm, and vocation screens and/or assessments completed as indicated. Gathering of collateral contact information continues as well.

Based on the above assessment findings, a more in depth treatment plan is developed by the primary counselor and the patient The treatment plan outlines the goals, objectives, and interventions, including discharge criteria that the patient should meet in order to safely transition to the next level of care. Continuing care planning is an ongoing part of this process. Concurrent reviews with third party payors regarding continuing stay and plans for discharge are assigned to Utilization Review Specialists who are embedded within the clinical program. Appeals, including those involving physicians, are coordinated by these staff members. Should post-discharge appeals be necessary, the UR Specialists work closely with the clinical treatment team and the medical records team to process appeals in a timely manner.

Admission, continuing stay, and discharge criteria for the various levels of care are established by the clinical management, the clinical members of the Leadership Team (e.g. the Chief Administrative Officer and the Chief Clinical Officer) and approved by the Chief Medical Officer. These criteria are reviewed on an annual basis. Overall monitoring of the utilization review process and trends is the responsibility of the Utilization Review Director, reporting to the Chief Administrative Officer and working in conjunction with the Chief Clinical , Financial, and Medical Officers, as well as the Director of Quality Management. Regular staff meetings and trainings are held with all utilization review and clinical staff members for education regarding new trends, process improvements, and to address other opportunities for improvement in the area of utilization review.

INTRODUCTION:

These criteria are intended to be used as a general guideline when determining the appropriate level of care for an individual patient with a specific set of symptoms and behaviors. It is recognized that there may be extenuating circumstances not covered in these criteria that affect the final recommendation. These exceptions are identified by supervising clinicians and clinical judgment is used to ensure the appropriate level of care is recommended.

I. CRITERIA FOR LEVELS OF CARE – ADMISSION

A. Detoxification requires <u>one or more</u> of the following:

1. Danger of severe withdrawal symptoms, either by intensity of use or the addictive mechanism of the substance(s) involved.
2. Need for supervised detoxification as determined by the use, frequency, and substances involved.

B. Residential requires <u>two or more</u> of the following:

1. Documented recent history of excessive alcohol/drug usage with an increasing tolerance to one or more substances.
2. Inability to maintain abstinence outside of a controlled environment despite presence of consequences.
3. Failed attempt at outpatient chemical dependency treatment.
4. Significant medical, social, job, or family problems, such that the environment is not safe for recovery effort and structured intervention is required.
5. Continued use of alcohol/drugs seriously compromises the patient's physical health, including coexisting medical problems.
6. Patient's current environment is dangerous or a threat to a recovery effort.
7. Patient and/or referral source is requesting admission to a specific level of care and meets another of these criteria.

C. Intensive Outpatient treatment may occur when patients meet <u>one or more</u> of the following criteria:

1. Evidence of chemical abuse or dependency as indicated by elevated scores on the SASSI.
2. Documented recent history of excessive alcohol/drug use.
3. Presence of DSM-IV TR or DSM V diagnostic criteria for substance use disorder as obtained in initial clinical interview.
4. Collateral information provided by significant others/referral source suggests a high probability of a substance abuse or dependence diagnosis.

AND all of the following criteria:

1. Minimal risk of severe withdrawal and an absence of withdrawal symptoms from alcohol or other drugs requiring medication for detoxification;
2. The absence of any biomedical conditions which would preclude participation in outpatient services;
3. Absence of mental status impairment that would prevent participation in the program.

D. Extended Care patients must meet all of the following:

1. Age 21 or over with exceptions approved by the attending physician and Program Director;
2. Abstinent from alcohol and other drugs other than those prescribed and/or approved by CHPA physicians;
3. Medically and psychiatrically stable as approved by CHPA physicians;
4. Moderate to high motivation to lead an addiction free lifestyle, including accepting and living within the guidelines of the extended care community.

AND the patients must meet two or more of the following:

1. Difficulty establishing a daily program of recovery in a non-structured setting with pattern of relapse following residential and/or intensive outpatient treatment.
2. Presence of a co-occurring disorder, although stabilized, presents significant relapse potential and interferes with the patient's ability to establish a daily program of recovery in a non-structured setting.
3. Process addictions or other compulsive behaviors present significant relapse potential and interfere with the patient's ability to establish a daily program of recovery in a non-structured setting.
4. Childhood and/or adult trauma requiring additional processing so as not to interfere with the patient's establishment of a daily program of recovery in a non-structured setting.
5. Unstable home environment and insufficient skills to navigate that environment or make a decision to leave the environment, posing significant relapse potential in a non-structured environment.
6. Professional returning to high stress position with triggers in work environment, with or without licensing board requirements for treatment length of stay.

II. CRITERIA FOR LEVELS OF CARE – CONTINUED STAY

A. Detoxification requires one or more of the following:

1. Persistence of withdrawal symptoms requiring continued daily medical supervision.

2. Withdrawal symptoms are controlled, but daily medical supervision is required to monitor the administration of and response to detoxification medications.

B. Residential requires <u>two or more</u> of the following:

1. Persistence of withdrawal symptoms requiring continued medical supervision.
2. Continuation of threatening medical problems impedes transfer to a lesser level of care, but do not require inpatient hospitalization.
3. Patient's living environment is dangerous and/or a threat to their continuing recovery effort with alternative placement being sought.
4. Patient exhibits an insufficient degree of resolution of emotional/behavioral crisis to maintain recovery effort at a lower level of care.
5. Cognitive abilities are still impaired, but appear to be clearing – the patient can reasonably be expected to respond to treatment in residential setting.
6. Continuation of unresolved emotional/behavioral issues which would preclude participation in outpatient services.
7. Recognition of the severity of alcohol/drug problems, but demonstrates minimal understanding/behavioral change, indicating insufficient ability to cope in a lower level of care.
8. Continuation of intense addictive symptoms (i.e. preoccupation, craving, etc.)
9. Demonstration of minimal understanding of the role of cognition, emotions, and behavior in relapse.
10. Social and interpersonal life aspects are improving, but are not sufficiently resolved to support recovery effort in a less restrictive setting.

C. Intensive Outpatient requires <u>one or more</u> of the following:

1. Episodes of continued chemical use despite therapeutic intervention.
2. Presence of current withdrawal symptoms that are manageable and do not require structured medical intervention.
3. Emotional/behavioral complications being treated with the likelihood of success with continued interventions at this level of care.
4. Making efforts but does not understand/accept addiction and is not able to maintain recovery effort without structured support.
5. Continuation of moderately severe addictive symptoms (i.e. preoccupation and/or craving with specific triggers).
6. Continued structured intervention required to learn and practice coping skills and lifestyle changes conducive to recovery.
7. Demonstration of awareness of need to accept personal responsibility for recovery effort but requires ongoing motivational strategies.
8. Recognition of relapse triggers, but demonstrates lack of skills to delay gratification.
9. Lacks coping skills to manage work environment, non-supportive family, and development of support network for recovery without structured interventions.

AND <u>all</u> of the following:

1. Biomedical conditions remain stable;

2. Co-occurring psychiatric disorders and emotional/behavioral problems continue to be manageable at this level of care.

D. Extended Care patients must meet all of the following:

1. Patient remains abstinent form alcohol and other drugs other than those prescribed and/or approved by CHPA physicians;
2. Patient remains medically and psychiatrically stable as approved by CHPA physicians;
3. Patient demonstrates ability to lead an addiction free lifestyle within the guidelines of the Extended Care Community.

AND the patients must meet two or more of the following:

1. Continues to experience relapse triggers and requires support and structure of the EC community in order to respond in a manner supportive of recovery.
2. Demonstrates understanding of how a co-occurring disorder impacts addiction, but continues to require the support and structure of the EC community in integrating addiction and psychiatric recovery.
3. Demonstrates understanding of how process addictions or other compulsive behavior impact addiction recovery, but continues to require the support and structure of the EC community in altering these behavior patterns to be congruent with ongoing recovery efforts.
4. Processing childhood and/or adult trauma, but continues to need structure and support of EC community to assist in reducing impact on daily experience.
5. Home environment remains unstable and/or patient remains conflicted about leaving and/or does not have the ability to manage in the environment in a manner supportive of recovery.
6. Professional demonstrating realistic acceptance of work environment and triggers, but needs continuing support and structure to develop plans for management and/or continues to have licensing board requirements for treatment length of stay.

III. CRITERIA FOR LEVEL OF CARE – DISCHARGE

A. Detoxification patients must meet all of the following:

1. Withdrawals symptoms have been reduced to a level manageable at the next level of care;
2. Detoxification medication management no longer requires daily medical monitoring.

B. Residential patients must meet all of the following:

1. Withdrawal symptoms have been eliminated or reduced to a level manageable at the next level of care;
2. Biomedical and psychiatric conditions are stable;
3. Demonstration of sufficient reduction of presenting crisis to permit continued treatment at a lower level of care;
4. Continuing care plan with specific referrals to the next level of care has been developed.

OR patients must meet one or more of the following:

1. Biomedical and/or psychiatric conditions are interfering with treatment to such an extent that a higher level of care is needed.
2. Noncompliance with treatment plan and/or programmatic guidelines.
3. Maximum therapeutic benefit from this level of care has been achieved.

C. Intensive Outpatient patients must meet all of the following:

1. General absence of withdrawal;
2. Biomedical or psychiatric problems can be treated at a less intensive level of care;
3. Emotional/behavioral problems have diminished in acuity and no longer require regular monitoring;
4. Demonstrates recognition of severity of addiction and ability to apply basic abstinence skills in a mutual self-help fellowship and/or with continuing treatment at a less intensive level of care;
5. Demonstration of progress in coping with cravings and relapse triggers sufficient to manage in a less intensive level of care or intensification of these symptoms requiring a higher level of care;
6. Evidence of recovery supportive environment or evidence of sufficient coping skills to maintain recovery effort in a less intensive level of care.

OR patient s must meet one or more of the following:

1. Biomedical and/or psychiatric problems are interfering with treatment to such a degree that a higher level or alternate type of care is needed.
2. Emotional/behavioral problems are interfering with addiction treatment and need to be addressed in another setting.
3. Consistent failure to achieve essential treatment plan objectives despite treatment plan revisions to the point that progress cannot reasonably be expected; a higher level of care or an alternate type of care may be needed.
4. Noncompliance with treatment plan and/or programmatic guidelines.
5. Repeated positive urine drug screens indicating the need for a referral to a higher level of care.
6. Symptom intensification of cravings and/or relapse triggers requiring a higher level of care.

D. Extended Care patients must meet all of the following:

1. Patient remains abstinent of alcohol and drugs, other than those prescribed and/or approved by CHPA physicians;
2. Patient remains medically and psychiatrically stable as approved by CHPA physicians;
3. Patient demonstrates ability to lead an addiction free lifestyle within the guidelines of the Extended Care Community;
4. Demonstrates an understanding of relapse triggers and an ability to utilize relapse prevention plans with the support of a 12 step community and ongoing continuing care;
5. Demonstrates an understanding of co-occurring disorder and integration of co-occurring disorder recovery with the support of a 12 step community and ongoing continuing care;
6. Demonstrates abstinence and/or a recovery process regarding process addictions and/or compulsive behaviors, as well as chemical addiction, with the support of a 12 step community and ongoing continuing care;

7. Demonstrates sufficient resolution of childhood and/or adult trauma and stabilization of day to day impact of same to support recovery efforts with ongoing 12 step community participation and continuing care;
8. Demonstrates a stable home environment or sufficient skills to navigate in the environment to which patient is discharging with support of 12 step community and ongoing continuing care;
9. Professional returning to practice with understanding of relapse triggers and prevention plans and/or plans for transitioning to work in phases and/or has met board or professionals' assistance program requirements for treatment.

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