



**ASCEND**  
MANAGEMENT INNOVATIONS

© 2014 Ascend Management Innovations LLC. All rights reserved.

# **NORTH DAKOTA UNDER 21 *UTILIZATION REVIEW AND CERTIFICATION OF NEED REQUIREMENTS***

**Alison Anderson, RN, BSN | Ascend**

# Training Objectives

2

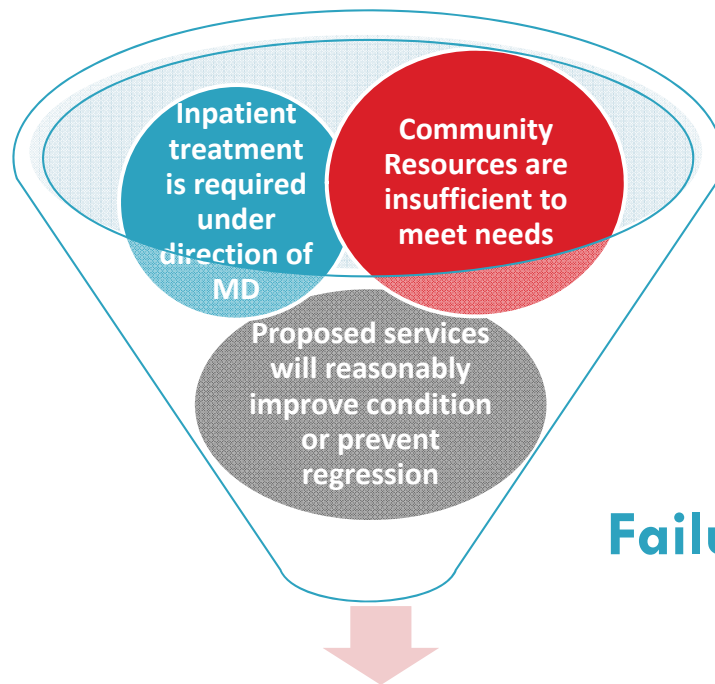
Participants will:

- Understand state and federal criteria used in determinations
- Recognize federal expectations for reflecting quality care
- Differentiate requirements for reintegration
- Practice determining when service intensity should be reduced

# Federal Law (42 CFR 441.152)

3

**Before Medicaid payment, states must ensure:**



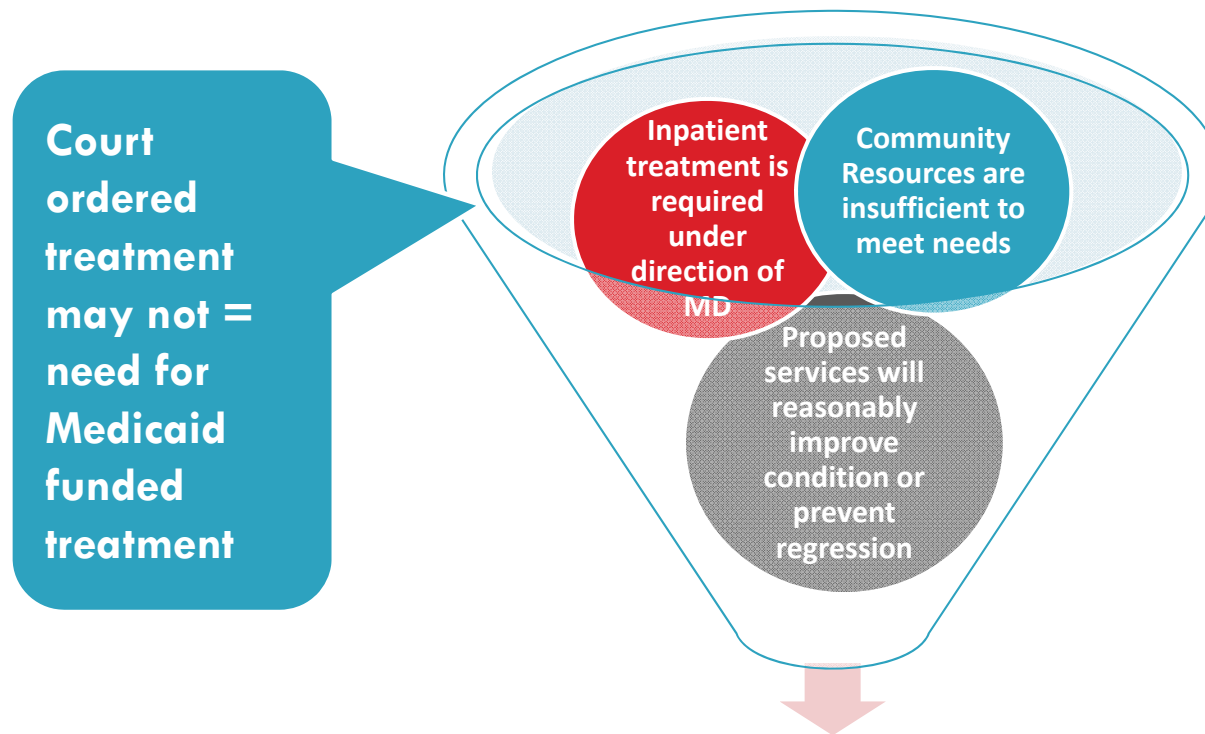
**Failure to Comply = Federal Fraud**

**Measured through: CON & UR Processes**

# Utilization Review

4

**Independent assessment confirming:**



**Measured through: Utilization Review Documents**

# Important Considerations

5

- Provide specific dates/timeframes for behavior
  - ▣ What led to admission?
- Describe prior services and response

AVOID JARGON	USE DESCRIPTIONS
<b>Dyscontrol</b>	Describe actual behaviors, severity
<b>Suicidal</b>	Describe threats and associated behaviors <ul style="list-style-type: none"><li>○ Verbalization of a plan</li><li>○ Evidence of a gesture</li><li>○ Need for medical intervention, etc.</li></ul>
<b>Aggressive</b>	Describe actual actions <ul style="list-style-type: none"><li>○ Kicked mom</li><li>○ Slapped teacher, etc.</li></ul>
<b>Runaway/elopement</b>	Describe elements <ul style="list-style-type: none"><li>○ Length of absence</li><li>○ Circumstances</li><li>○ Method of survival while gone</li></ul>

# Admission Review Form

Review of Form Contents

# Acute & PRTF—Admit

7

## Criterion A

**Community resources do not meet recipient's needs**

## Criterion B

**Proper treatment requires inpatient care under direction of a physician**

## Criterion C

**Services are expected to improve condition or prevent regression so that they will no longer be needed**

# What do these mean?

Refer to the forms in your packet

# Screening Form

8

- MD License # located at [www.ndbomex.com/searchpage.asp](http://www.ndbomex.com/searchpage.asp)
- List correct SS#
- Discharge Planning Begins at Admission
- List accurate responsible party
  - Not child's name unless over 18
- List accurate living arrangement
- Prior treatment



# Screening Form

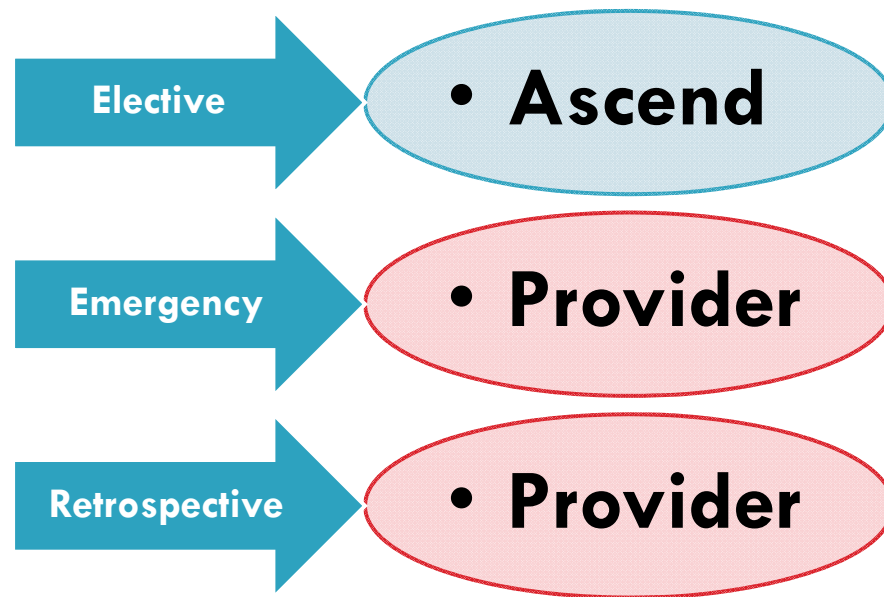
9

- ❑ Axis IV: Any checked box must contain clear descriptive statement
  - ❑ DSM 5: modifications coming soon
- ❑ Medications
  - ❑ Dates
  - ❑ Reasons
- ❑ Comments box should contain descriptive note documenting rationale for admission
  - ❑ Including specifics of behaviors with dates and/or timeframes

# Certificate of Need

10

- ❑ Required for accredited health providers
- ❑ Verifies criteria A, B, and C
- ❑ Completed by either Ascend or the Provider



# Certificate of Need Team

11

One of the following:

Board-eligible or Board-certified psychiatrist;

or

Doctoral clinical psychologist and a MD licensed to practice medicine or osteopathy;

or

Licensed MD/DO with specialized training in treating mental diseases—and—a psychologist with a MS in clinical psychology or State certification or by the State psychological association.

One of the following:

Psychiatric social worker

or

RN with specialized training or 1 year experience treating persons with MI

or

Licensed OT with training or 1 year of experience treating persons with MI

or

MS or certified psychologist

AND

# Discharge Planning—Acute & PRTF

12



- **Specifics**
- **Action**
- **Delays**

# Continued Stay Review Criteria and Considerations

Acute and PRTF

# Acute & PRTF CSR

14

## Criterion A

**Community resources do not meet recipient's needs**

## Criterion B

**Proper treatment requires inpatient under direction of a physician**

## Criterion C

**Services are expected to improve condition or prevent regression so they will no longer be needed.**

# What does this mean for providers?

Refer to the forms in your packet

# Acute CSR for Substance Dependency

15

## Criterion A:

- A lower level of care is unsafe and will place the recipient at risk for imminent danger of harm.
- Clinical evidence that a lower level of care will not meet the recipient's treatment needs.

## Criterion B:

- DSM substance dependency disorder
- Currently problems in at least 2:
  - Withdrawal requiring 24-hour nursing intervention.
  - Persistent Biomedical conditions and complications plus withdrawal with life-threatening risk with 1:
    - Imminent danger of serious physical health damage
    - Life-threatening symptoms related to excessive A&D use
  - Emotional/Behavioral complications - 1:
    - Continued risk of danger to self or others
    - Violent or disruptive behavior with imminent danger
    - Altered mental status – disorientation to self; alcohol hallucinosis, or toxic psychosis
- Updated Treatment plan with evidence that continued IP services are still required under supervision of a psychiatrist and qualified professionals 24-hours per day, & active multiple therapies

## Criterion C:

- Tx plan illustrates need for IP service intensity
- Discharge/ aftercare plan is developed, comprehensive, and includes discrete, and time-framed discharge criteria with referral to OP services
- Clinical and research data supports the likelihood of positive outcome from IP services

# CSR Form

16

- Must follow federal regulation:
  - Must demonstrate treatment intensity
    - Justify continued need
  - Date of most recent evaluation by a psychiatrist
    - Must be updated with each CSR



# Outcomes

17

## Approval

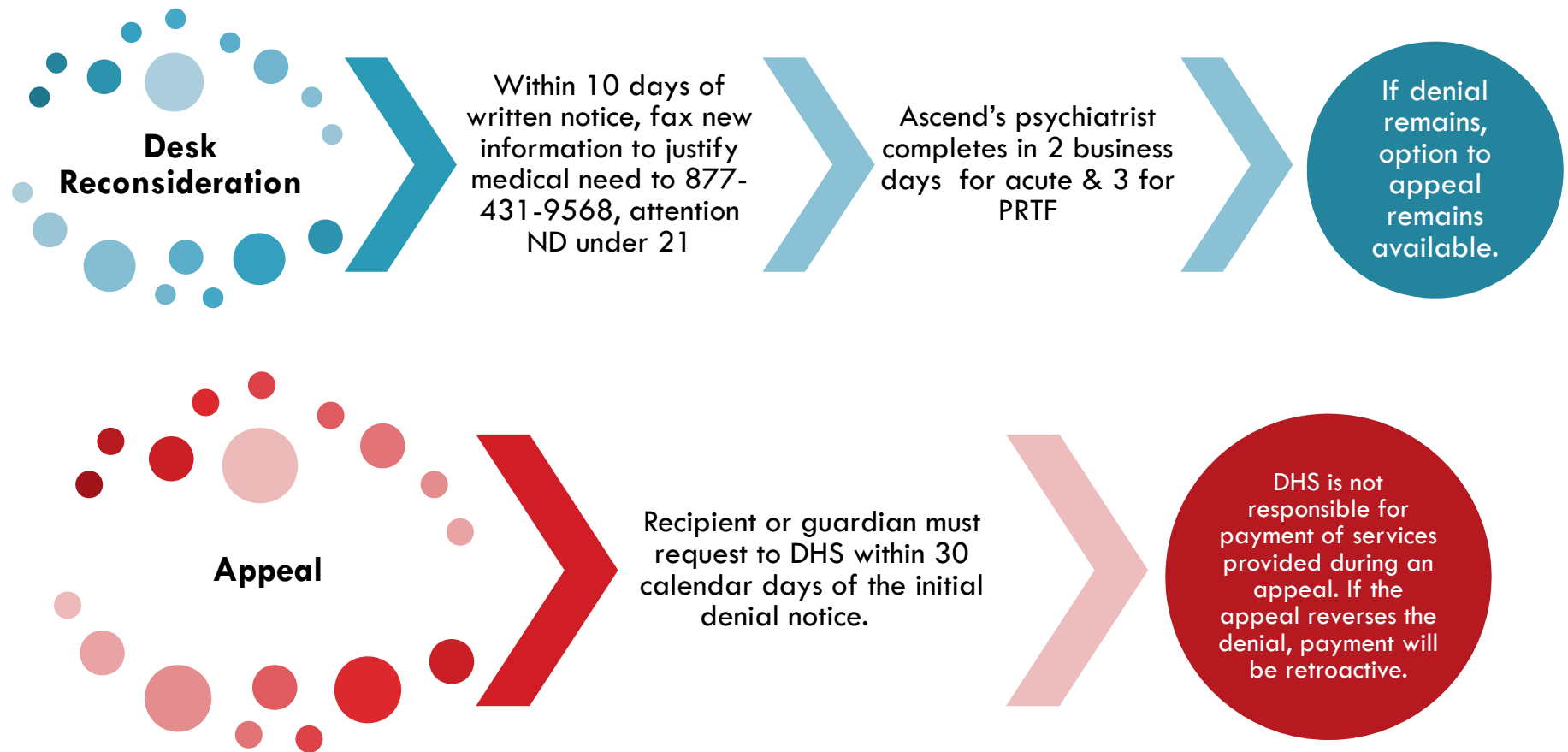
- Includes end-date

## Adverse

- Partial Approval
- Denial
- Technical Denial
- Not Appealable

# Options for Adverse Decisions

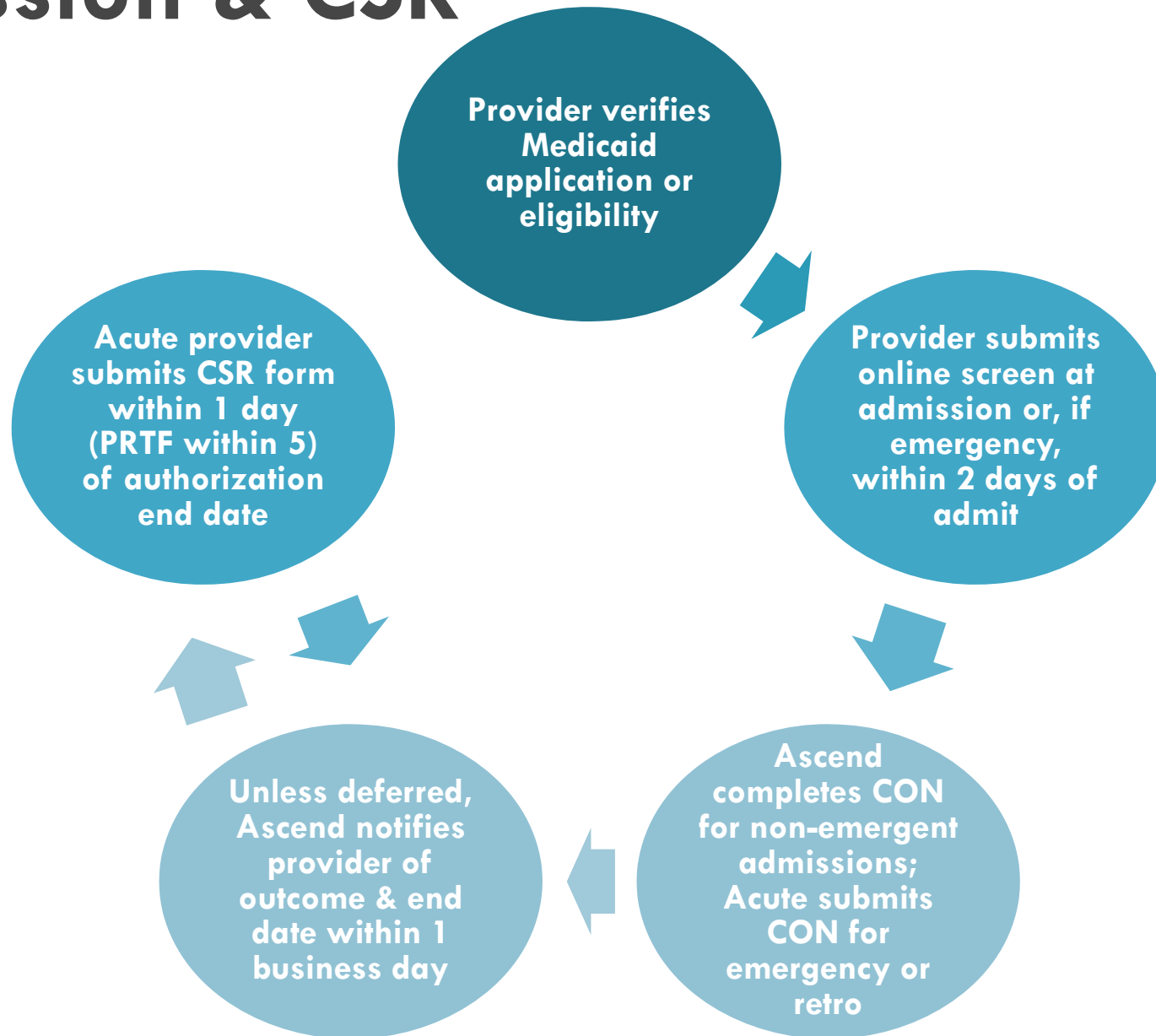
18



# Process Summary

Acute and PRTF

# Admission & CSR



# Retrospective—Request Process

Provider completes Retrospective Review form



Provider submits form to DHS

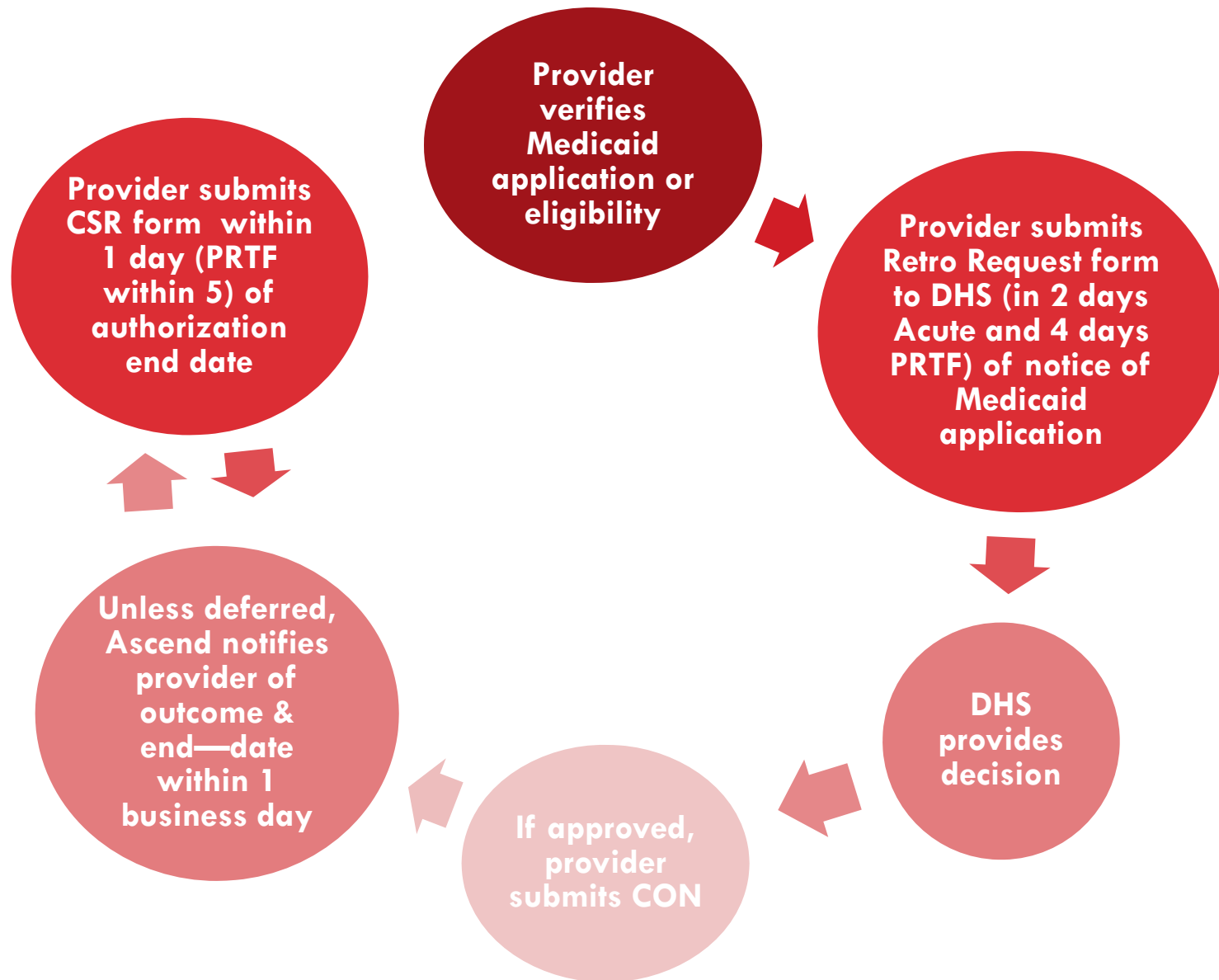


DHS determines how to proceed—  
Authorization to review or Technical denial

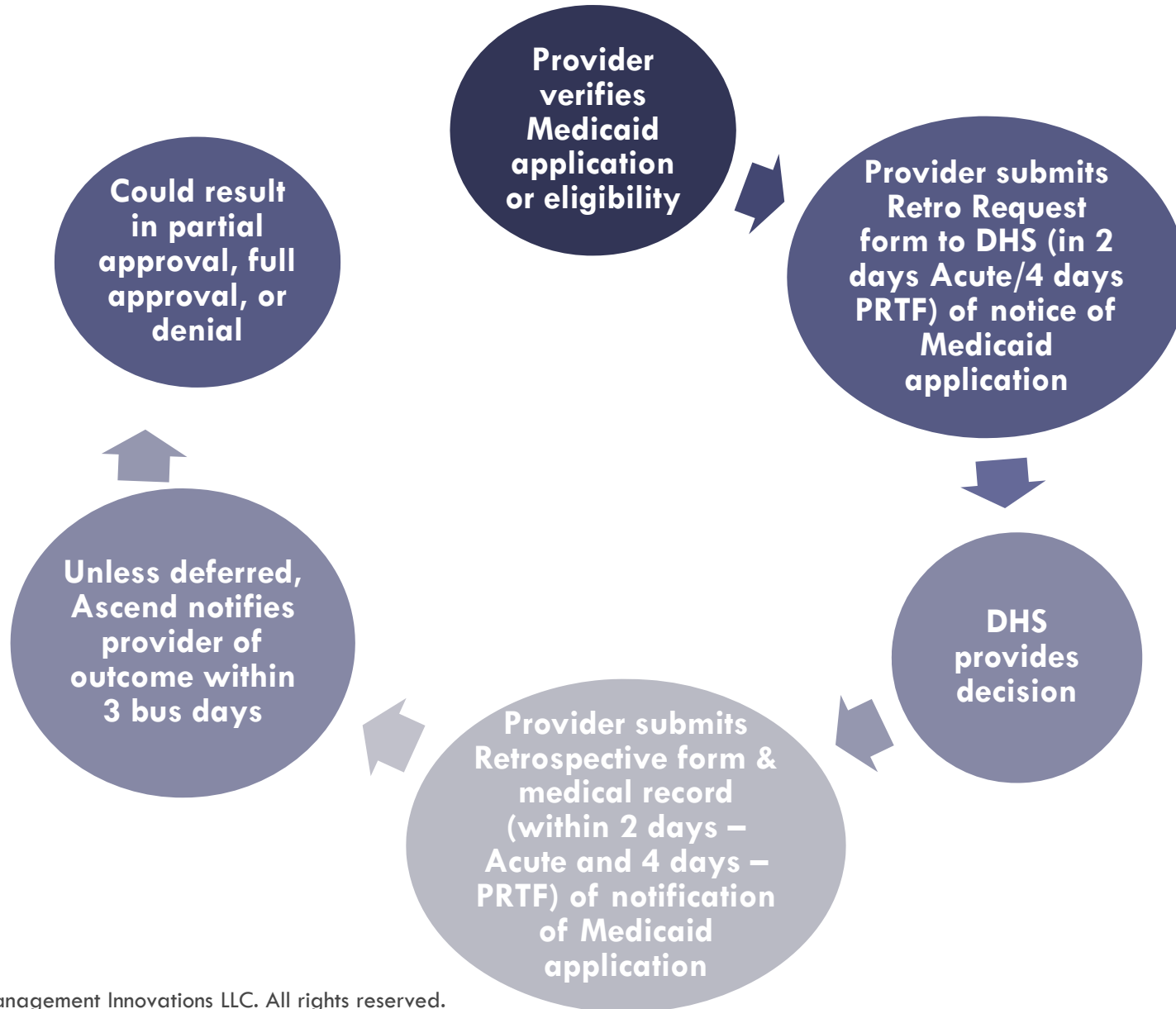


Ascend completes UR of supporting documentation within 30 days

# Retrospective—Current Resident



# Retro Post Discharge



# Tracking

24

- ❑ Notification of discharge
- ❑ Very important for records
- ❑ Dispo location helpful for future reviews and reporting
- ❑ Fax or Online



## North Dakota Under 21 Discharge Notification

The purpose of this form is to report the discharge information of all persons who were evaluated through the U21 review process.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Discharge Location:

Home/Family

Group Home

Foster Care

Inpatient Psychiatric Admission

Inpatient Medical Admission

Other (please specify): \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Fax this document to Ascend at 1-877-431-9568**



# Using the Web-System

[www.pasrr.com](http://www.pasrr.com)

North Dakota Web-Based Under 21 System

The screenshot displays the homepage of the PASRR.COM website. At the top left is the logo for ASCEND MANAGEMENT INNOVATIONS, featuring a stylized 'A' with red and blue triangles. To the right of the logo, the text 'ASCEND MANAGEMENT INNOVATIONS' is displayed. In the top right corner, the date 'Monday, April 14, 2014' is shown. Below the header, a 'Home' link is visible. The main content area is titled 'Welcome to PASRR.COM!' and includes a 'Contract Sites' section. This section lists several links: 'Connecticut WEBSTARS', 'Iowa PASRR', 'Nebraska Web-based System', 'North Dakota Web Based PASRR/LOC System', and 'North Dakota Web-Based Under 21 System'. The last link is highlighted with a red rectangular box. Other sections include 'Help' with links for 'Printing Problems' and 'Download Adobe Reader', and 'Corporate Openings' with a link for 'Send an email to HR'. A 'Send an email to HR' link is also present under the 'Corporate Openings' section.

Monday, April 14, 2014

ASCEND  
MANAGEMENT INNOVATIONS

Home

Welcome to PASRR.COM!

Ascend Website

**Help**

- [Printing Problems](#)
- [Download Adobe Reader](#)

**Contract Sites**

- [Connecticut WEBSTARS](#)
- [Iowa PASRR](#)
- [Nebraska Web-based System](#)
- [North Dakota Web Based PASRR/LOC System](#)
- [North Dakota Web-Based Under 21 System](#)

**Corporate Openings**

- [Send an email to HR](#)

# Agency Web-Supervisor for pasrr.com

26

- Supervisor adds/removes users
  - ▣ See *Getting Started for Supervisors* at [www.pasrr.com](http://www.pasrr.com)
  - ▣ Registration [www.PASRR.com](http://www.PASRR.com)
  - ▣ Select ND Web-Based Under 21
  - ▣ Select supervisor registration
    - Under supervisor tools
- Ascend forwards access decision and link within 2 days
- Supervisor establishes password
  - ▣ Signs user agreement
  - ▣ Agreement confirms supervisor will maintain users
    - Adding and removing staff from web-access

# Obtaining Login & Password Privileges

27

- Supervisor
  - ▣ Access provided by agency supervisor
  - ▣ Maintains login information
- Users enter unique name and password
  - ▣ Note user agreement attesting information accuracy
- If you forget your password or the system will not accept what you enter—click *Forgot Password?* link
  - To reset password without calling Ascend for assistance

ASCEND  
MANAGEMENT INNOVATIONS

System Access

Username:

Password:

**User Agreement:**  
By using this system, I attest that, under penalty of law, the information I submit will be accurate to the best of my knowledge. I also understand that this information is required by federal law, and any falsification is subject to penalties toward both myself and the agency I represent.

Login

[Forgot Password?](#)

# Logging On

28

- Choose no
  - ▣ Never save passwords on the computer



# Completing a Screen

29

**Log on**

**Enter your unique user name and password**  
*NEVER share usernames and passwords*

**View activity page**  
*All screens for previous 2 weeks*

**Select referral type or submit tracking**

**Complete all sections of the form with detailed information**

**Submit**