



ASCEND
MANAGEMENT INNOVATIONS

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

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Training Objectives

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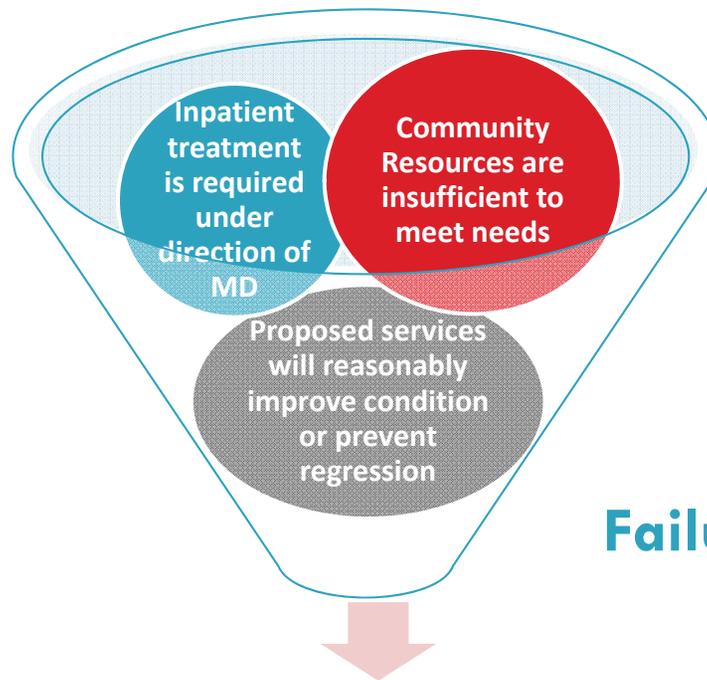
Participants will:

- 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)

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Before Medicaid payment, states must ensure:



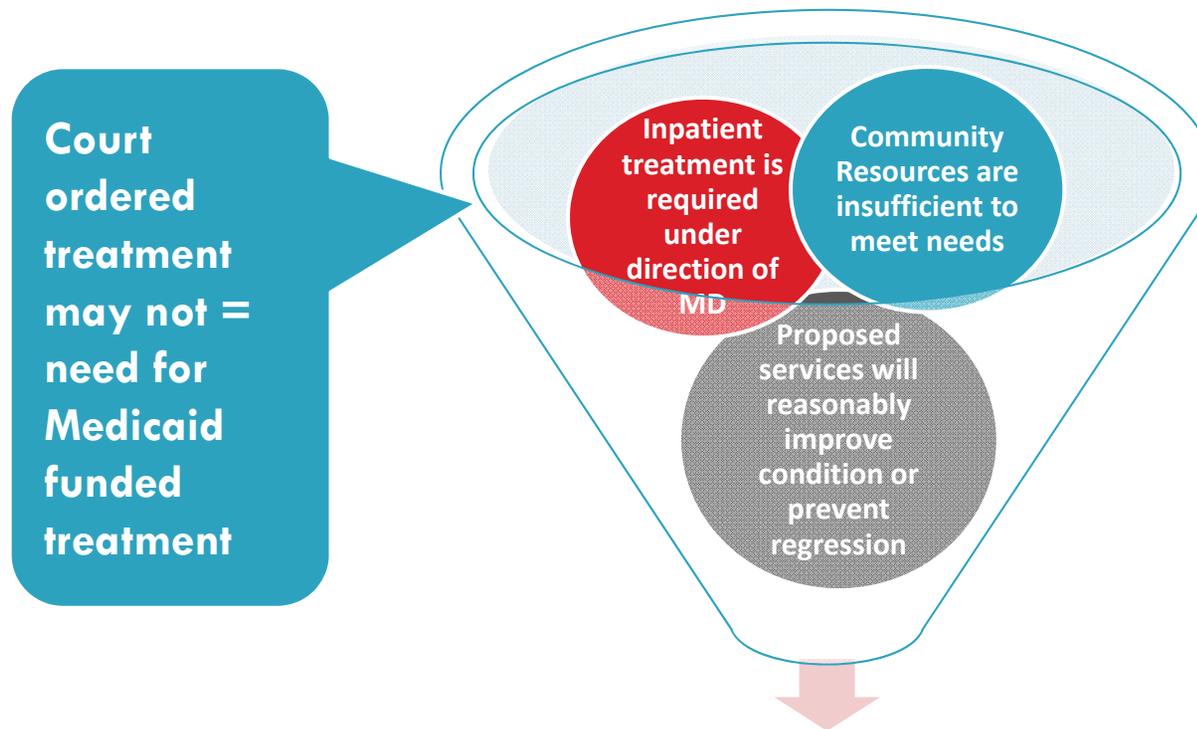
Failure to Comply = Federal Fraud

Measured through: CON & UR Processes

Utilization Review

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Independent assessment confirming:



Measured through: Utilization Review Documents

Important Considerations

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

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

Admission Review Form

Review of Form Contents

Acute & PRTF—Admit

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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

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- MD License # located at 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

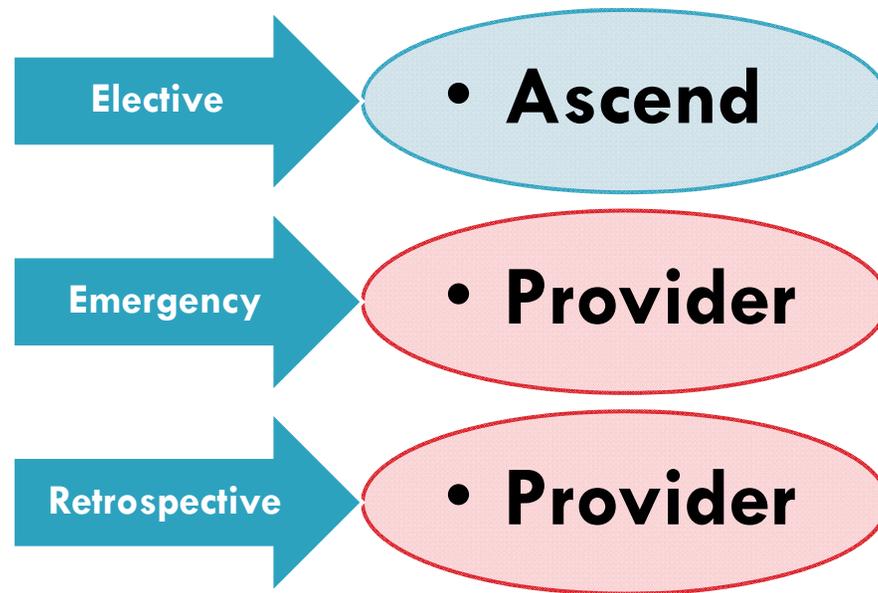
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- Axis IV: Any checked box must contain clear descriptive statement
 - ▣ DSM 5: modifications coming soon
- Medications
 - ▣ Dates
 - ▣ Reasons
- Comments box should contain descriptive note documenting rationale for admission
 - ▣ Including specifics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

Certificate of Need

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



Certificate of Need Team

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One of the following:

Board-eligible or Board-certified psychiatrist;

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

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.

or

or

One of the following:

Psychiatric social worker

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

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

MS or certified psychologist

or

or

or

AND

Discharge Planning—Acute & PRTF

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

Continued Stay Review Criteria and Considerations

Acute and PRTF

Acute & PRTF CSR

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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

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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

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- 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

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Approval

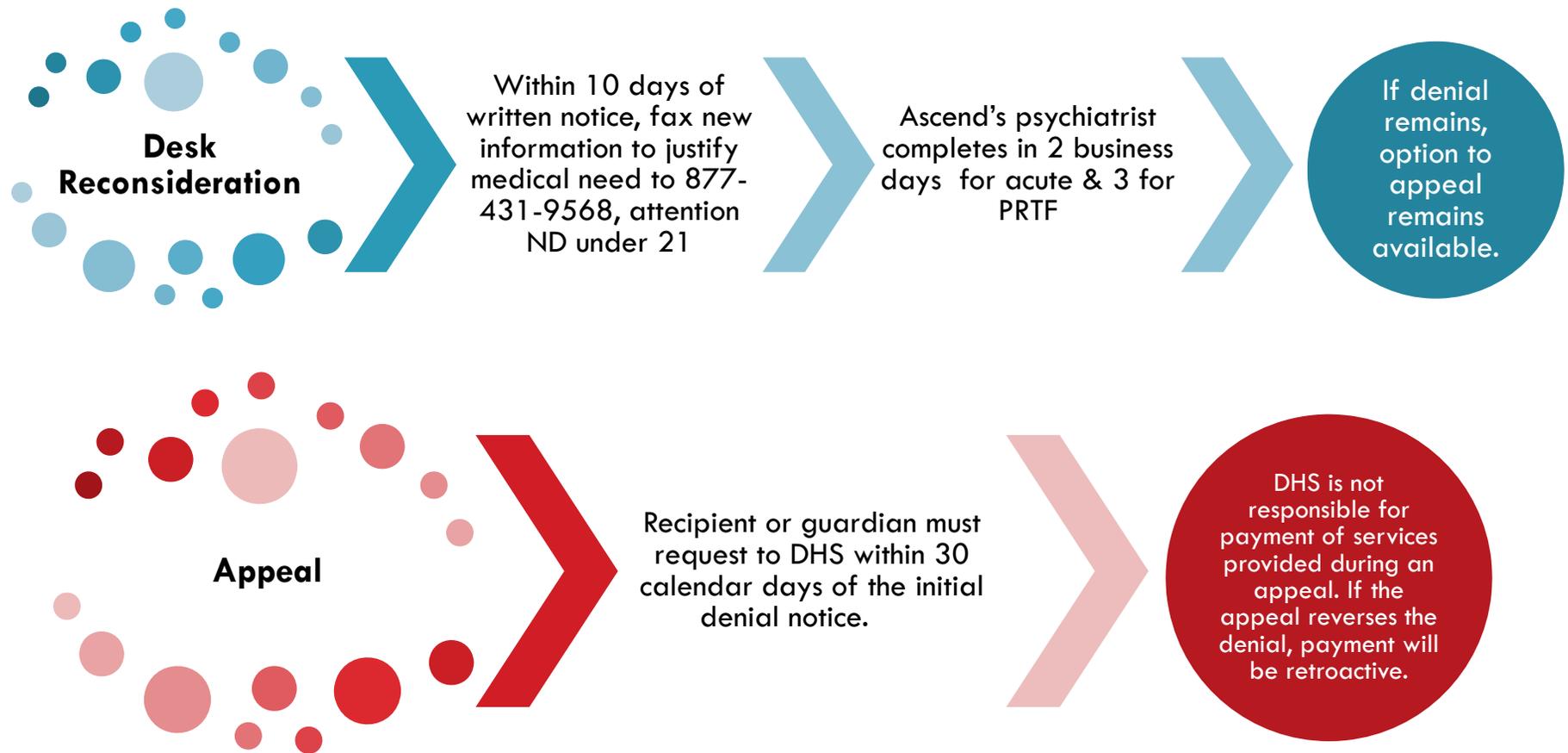
- Includes end-date

Adverse

- Partial Approval
- Denial
- Technical Denial
- Not Appealable

Options for Adverse Decisions

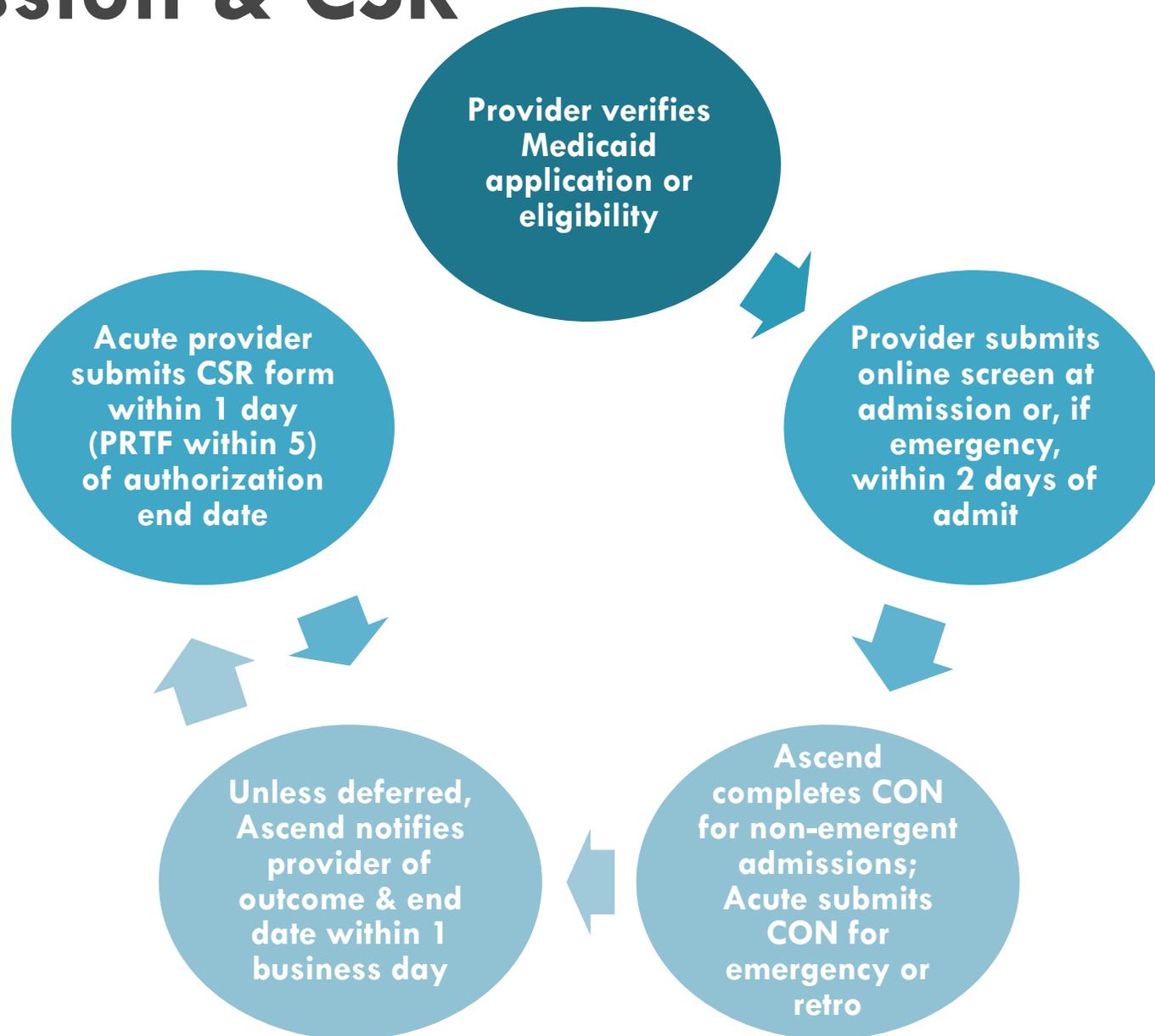
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Process Summary

Acute and PRTF

Admission & CSR



Retrospective—Request Process

Provider completes Retrospective Review form



Provider submits form to DHS

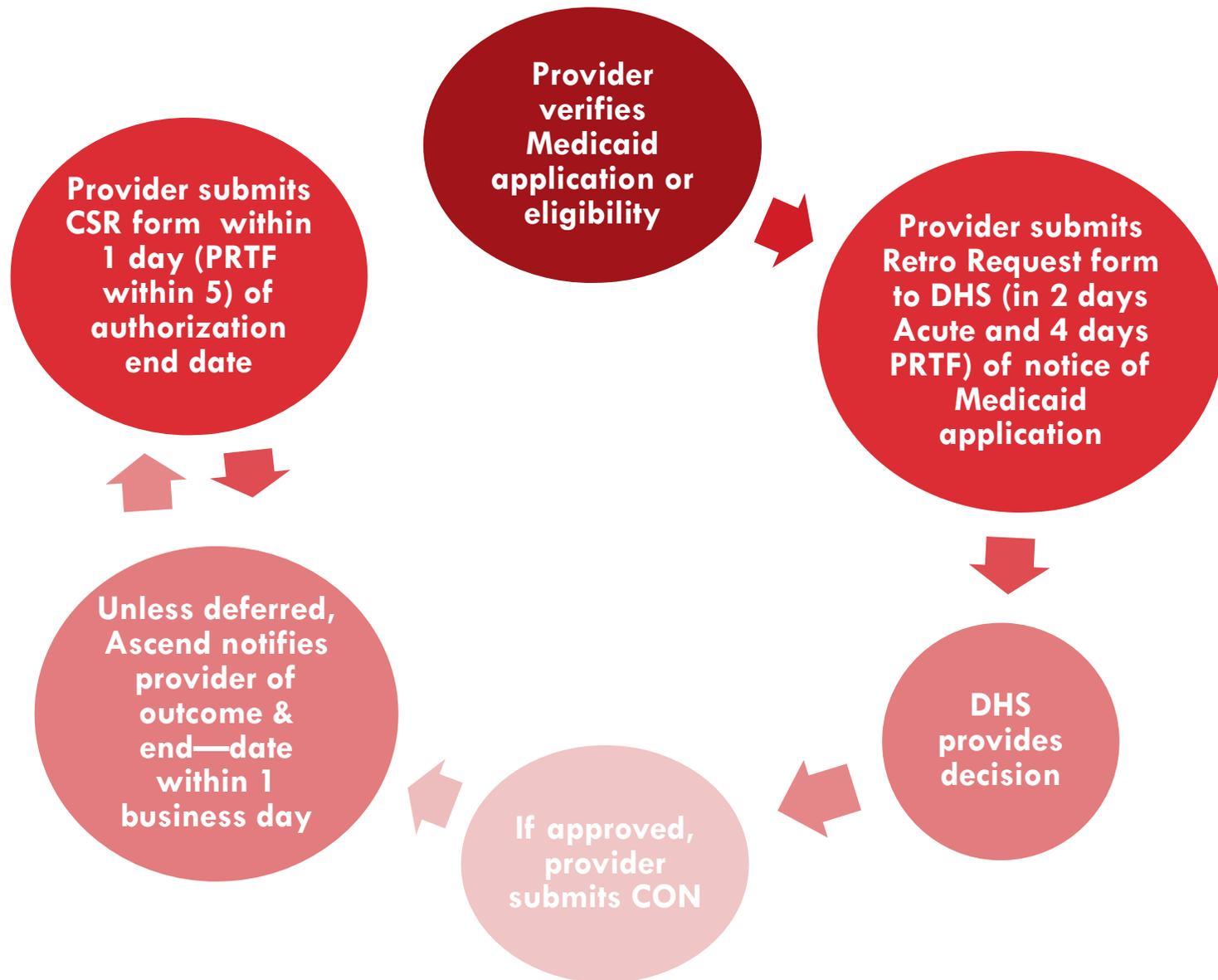


DHS determines how to proceed—
Authorization to review or Technical denial

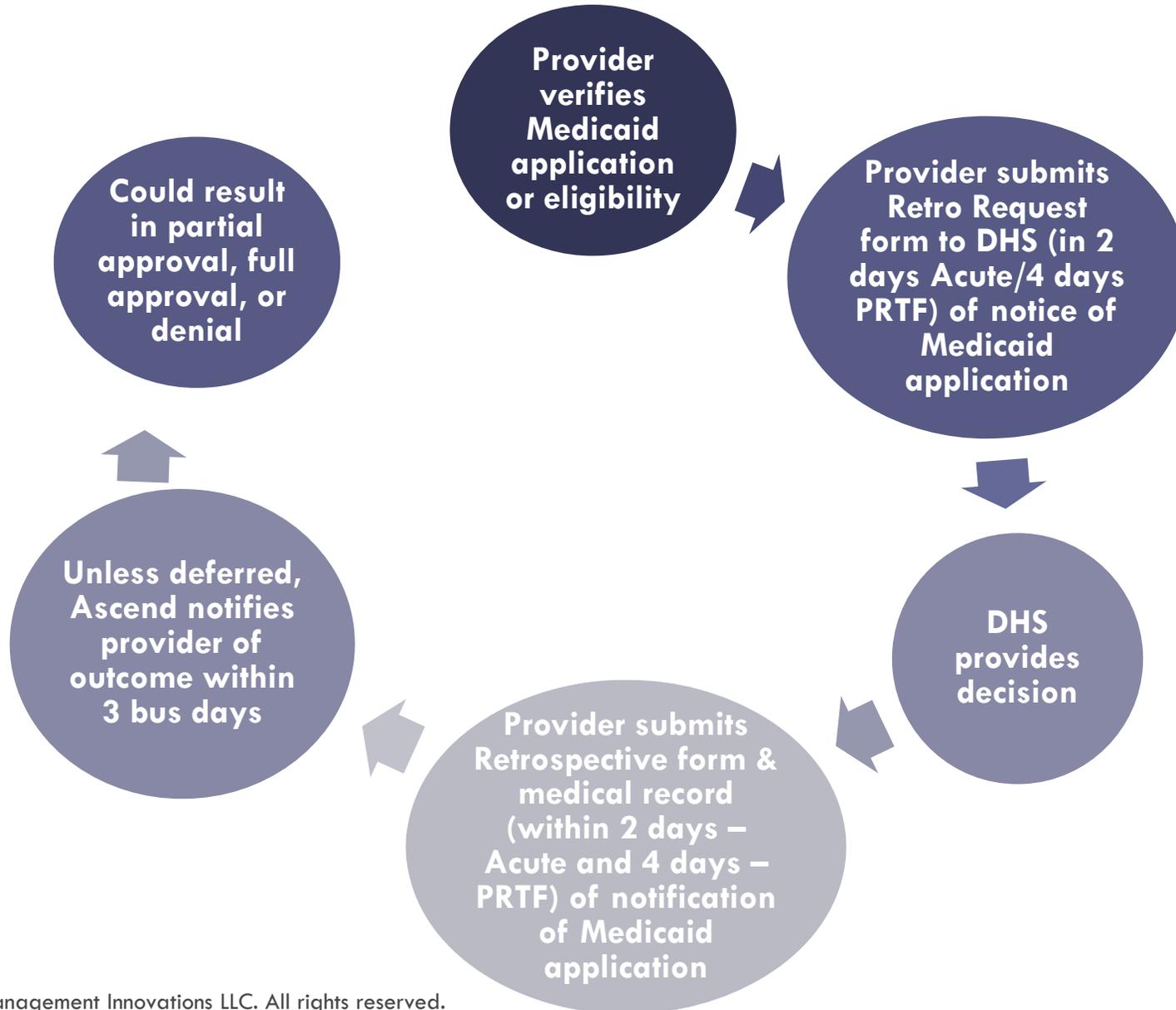


Ascend completes UR of supporting documentation within 30 days

Retrospective—Current Resident



Retro Post Discharge



Tracking

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- ❑ 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

North Dakota Web-Based Under 21 System

Monday, April 14, 2014

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Home

Welcome to PASRR.COM! Ascend Website

Help	Contract Sites
Printing Problems	Connecticut WEBSTARS
Download Adobe Reader	Iowa PASRR
Corporate Openings	Nebraska Web-based System
Send an email to HR	North Dakota Web Based PASRR/LOC System
	North Dakota Web-Based Under 21 System

Agency Web-Supervisor for pasrr.com

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- Supervisor adds/removes users
 - ▣ See *Getting Started for Supervisors* at www.pasrr.com
 - ▣ Registration 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

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- 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

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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

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- Choose no
 - ▣ Never save passwords on the computer



Completing a Screen

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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