NORTH DAKOTA UNDER 21
UTILIZATION REVIEW AND
CERTIFICATION OF NEED
REQUIREMENTS

Alison Anderson, RN, BSN - Ascend

Training Objectives

Participants will be able to:

- Cite federal requirements for the Under 21 benefit
- Recognize federal expectations for reflecting quality care
- Differentiate indicators used to identify quality care in behavioral health settings
- Describe requirements for patient reintegration
- Recognize when service intensity should be reduced
Agenda

- Debbie Baier, DHS, Medical Services Division
- Susan Wagner, DHS, MHSA
- The Under 21 Benefit – Federal Law
  - Certification of Need (CON)
  - Utilization review (UR)
- Admission review
  - Criteria
  - Form
- Continued Stay Review (CSR)
  - Criteria
  - Form considerations
- Using the Web System
- Sample Screens (Evidence of Quality Care)
- Practice Screens (Determining Quality Care)

Welcome

Debbie Baier, DHS, Medical Services Division

- Why is this important to me?
- What does the ND DHS expect from me?
- Tying it together
Before Medicaid payment

Federal Law (42 CFR 441.152) requires states ensure:

- Inpatient treatment is required under direction of MD
- Community Resources are insufficient to meet needs
- Proposed services will reasonably improve condition or prevent regression

Failure to comply = Federal Fraud

Measured through: CON & UR Processes
Utilization Review

Independent assessment confirming all of the following:

- Proposed services will reasonably improve condition or prevent regression.
- Inpatient treatment is required under direction of MD.
- Community Resources are insufficient to meet needs.
- Court ordered treatment may not = need for Medicaid funded treatment.

Measured through: Utilization Review Documents

Important considerations

- Provide behavioral descriptions rather than jargon
  - E.g., Rather than dyscontrol, describe actual behaviors, severity.
  - suicidal, describe threats and associated behaviors (e.g., verbalization of a plan, evidence of a gesture, need for medical intervention).
  - aggressive, describe actual actions (e.g., kicked mom, slapped teacher, etc.).
  - Runaway/elopement describe length of absence, circumstances, method of survival while gone.
  - Provide specific dates/timeframes for behavior, including what occurred on the admission day to lead to admission.

- Describe prior services and response.
**ADMISSION REVIEW FORM**

### Review of Form Contents

**Acute & PRTF Admit - Criterion A:**

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

<table>
<thead>
<tr>
<th>Acute</th>
<th>PRTF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must meet one of the following:</td>
<td>Must meet A, B or both C&amp;D</td>
</tr>
<tr>
<td>A. Less restrictive (lower) level of care will not meet the recipient’s treatment needs.</td>
<td>A. Less restrictive care ineffective.</td>
</tr>
<tr>
<td>B. An appropriate less restrictive (lower) level of care is unavailable or inaccessible.</td>
<td>B. Less restrictive level of care is unavailable or inaccessible.</td>
</tr>
<tr>
<td>C. Medically necessary due to complicating co-existing mental health and physical disorders with psychiatric issues on now the predominant treatment course.</td>
<td>C. Family or community factors adversely impact appropriateness of less restrictive services.</td>
</tr>
</tbody>
</table>
| D. Behavior disrupted placement  
1) ≥ 2 times (6 months if < 12) over past year or persistently disrupted home/school life over past 9 months (6 months if < age 12), AND  
2) Family functioning or social relatedness seriously impaired with ≥ 1 of:  
i. Severe physical, sexual, or emotional mistreatment.  
ii. Disrupted adoption or multiple foster placements.  
iii. Child physically assaulted parent or caregiver due to mental disorder.  
iv. Child sexually assaulted others.  
v. History of fire setting or disorder resulting in damage to residence.  
vi. Individual < age 14 has run away two > times | D. Behavior disrupted placement  
1) ≥ 2 times (6 months if < 12) over past year or persistently disrupted home/school life over past 9 months (6 months if < age 12), AND  
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i. Severe physical, sexual, or emotional mistreatment.  
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v. History of fire setting or disorder resulting in damage to residence.  
vi. Individual < age 14 has run away two > times |
Acute & PRTF Admit: Criterion B -
Proper treatment requires inpatient under direction of a physician

Acute – Must meet all of the following:
A. Current acute MH disturbances with deficits in at least one of:
   1. Self care
   2. Impaired Safety
   3. Impaired thought and/or perceptual processes (reality testing)
   4. Severely dysfunctional patterns
B. MD certified need for hospitalization under MD direction at or before admit.
C. Primary DSM IV-R Axis I between 290-316 (excludes SA disorders). SA must be secondary to a MH dx.
D. Admit GAF < 50; May be higher in when acute risk of harm or CSR where treatment has stabilized condition and recipient is awaiting placement.

PRTF – Must meet one of the following
A. Current acute MH disturbances with deficits in at least one of:
   1. Self care
   2. Impaired Safety
   3. Impaired thought and/or perceptual processes (reality testing)
   4. Severely dysfunctional patterns

Acute & PRTF Admit: Criterion C - Services are expected to improve condition or prevent regression so they will no longer be needed.

Acute – Must meet all of the following:
A. Treatment plan shows:
   1. How condition is expected to improve or prevent regression
   2. Risks to safety through discharge
B. Staff take active daily measures to develop and implement an appropriate lower level of care.

The details of these active measures are given during the Prior Authorization reviews, and are documented in the daily progress notes in the charts.

PRTF – Must meet all of the following
A. Treatment plan:
   1. Addresses assessed need(s) & diagnoses
   2. Establishes reasonable tx goals to demonstrate improvement over auth. period
   3. IDs comprehensive discharge plan with discrete criteria, expected discharge, and outpatient provider for aftercare
B. Psychiatric assessment delineates:
   1. Disorder requiring IP intensity
   2. Additional therapeutic interventions, intensive milieu therapy, and a therapeutic environment
   3. Reflects the need for inpatient psychiatric care.
C. None of the following are present:
   1. Risk to harm to self or others (e.g., hx of multiple suicidal gestures) without ability to establish appropriate risk management plan in PRTF
   2. Need for SA treatment before benefit can be obtained from the PRTF
   3. Acutely psychotic or delirious
   4. Unstable medical condition

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Screening Form

- MD License # located at www.ndbomex.com/searchpage.asp
- List correct SS#
- List accurate responsible party (not child’s name)
- List accurate living arrangement
- Prior treatment - rather than ‘unknown’ provide whatever information is available

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Screening Form

- Axis IV:
  Any checked box must contain clear descriptive statement
Comments box should contain descriptive note documenting rationale for admission, including specifics of behaviors with dates and/or timeframes.

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PRTF Supplemental Questions

Service Interactions: For CSR provide total interventions since last review, for Retrospective provide all totals.

Motivation and Stage of Readiness (describe):

Date of most recent evaluation by psychiatrist:

Dysmorphic Laboratory Test completed (include data and findings):

Admission Type | Responsible for CON
--- | ---
Elective | Ascend
Emergency | Provider
Retrospective | Provider

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CON Form

Required for accredited health providers

Verifies all 3 requirements A, B, and C

Completed by either Ascend or the Provider as follows:

<table>
<thead>
<tr>
<th>Admission Type</th>
<th>Responsible for CON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective</td>
<td>Ascend</td>
</tr>
<tr>
<td>Emergency</td>
<td>Provider</td>
</tr>
<tr>
<td>Retrospective</td>
<td>Provider</td>
</tr>
</tbody>
</table>

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CON Team

*must consist one option from each box below*

<table>
<thead>
<tr>
<th>One of the following:</th>
<th>And one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Board-eligible or Board-certified psychiatrist; or</td>
<td>☐ Psychiatric social worker</td>
</tr>
<tr>
<td>☐ Doctoral clinical psychologist and a MD licensed to practice medicine or osteopathy;</td>
<td>☐ RN with specialized training or 1 year experience</td>
</tr>
<tr>
<td>☐ Licensed MD/DO with specialized training in treating mental diseases, -and- a</td>
<td>treating persons with MI</td>
</tr>
<tr>
<td>psychologist with a MS in clinical psychology or State</td>
<td>☐ Licensed OT with training or 1 year of experience</td>
</tr>
<tr>
<td>certification or by the State psychological association.</td>
<td>treating persons with MI</td>
</tr>
<tr>
<td></td>
<td>☐ MS or certified psychologist.</td>
</tr>
</tbody>
</table>

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Acute & PRTF CSR: Criterion A:

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

**Acute**

A. **Current** acute MH disturbances with deficits in at least one of:
   1. Self care
   2. Impaired Safety
   3. Impaired thought and/or perceptual processes (reality testing)
   4. Severely dysfunctional patterns

Must also meet one of the following:
A. Lower level of care is unsafe – risk of imminent harm
B. Clinical evidence that lower care will not meet recipient’s needs.
C. Medically necessary due to co-occurring MH & physical disorders

**PRTF** – Must meet all:
1. Continues to meet admission criteria A, B, and C with evidence of ongoing:
   - Self-care deficit
   - Impaired safety, threat to self or others
   - Impaired thought process
   - Severely dysfunctional patterns
2. Requires 24-hour medical supervision under direction of a physician

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Acute & PRTF CSR: Criterion B:

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

**Acute** – Must meet all of the following:
A. Treatment plan updated and with clinical evidence that IP services are required
B. Treatment plan reflects active IP service intensity
C. Primary DSM IV-R Axis I between 290-316 (excludes SA disorders). SA must be secondary to a MH dx.
D. GAF remains ≤ 50: May be higher in when acute risk of harm or CSR where treatment has stabilized condition and recipient is awaiting placement.

**PRTF** – Must meet all of the following:
1. Treatment plan includes strengths, developmental needs, problem areas, & goals based on admission assessments.
2. Patient is receiving active treatment.
3. Patient is responding to therapeutic services. Progress is documented in the medical record.

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Acute & PRTF CSR: Criterion C:

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

<table>
<thead>
<tr>
<th>Acute – Must meet all of the following:</th>
<th>PRTF – Must meet all of the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Likelihood of positive outcome from treatment</td>
<td></td>
</tr>
<tr>
<td>B. Evidence discharge will result in exacerbation of MH disorder and would result in regression</td>
<td></td>
</tr>
<tr>
<td>C. Discharge plan</td>
<td></td>
</tr>
<tr>
<td>1. Initiated at admission</td>
<td></td>
</tr>
<tr>
<td>2. Active daily measures are taken by staff to develop and implement an appropriate lower level of care</td>
<td></td>
</tr>
<tr>
<td>3. Includes discrete, behavioral and time-framed discharge criteria</td>
<td></td>
</tr>
<tr>
<td>4. Shows documented referral to OP providers</td>
<td></td>
</tr>
<tr>
<td>1. Likelihood of substantial benefit with continued active treatment or high likelihood of significant deterioration without continued care. Benefits of care are demonstrated by objective measurement of improvement; e.g., but not limited to:</td>
<td></td>
</tr>
<tr>
<td>• Improved sleep and appetite</td>
<td></td>
</tr>
<tr>
<td>• Improved affect and mood</td>
<td></td>
</tr>
<tr>
<td>• Current contract for safety</td>
<td></td>
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<tr>
<td>2. Discharge planning is active, documented, and reflective of treatment needs and residential status.</td>
<td></td>
</tr>
<tr>
<td>3. Family or surrogate family are actively involved in treatment and making progress toward goals. If family is unable or unwilling, surrogate family or guardian must be involved (e.g., foster family, case manager).</td>
<td></td>
</tr>
</tbody>
</table>

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Acute CSR for Substance Dependency

<table>
<thead>
<tr>
<th>Criterion A:</th>
<th>Criterion B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A lower level of care is unsafe and will place the recipient at risk for imminent danger of harm.</td>
<td></td>
</tr>
<tr>
<td>2. Clinical evidence that a lower level of care will not meet the recipient’s treatment needs.</td>
<td></td>
</tr>
<tr>
<td>1. DSM substance dependency disorder (neither substance abuse nor rule-out conditions qualify).</td>
<td></td>
</tr>
<tr>
<td>2. Currently problems in at least (2) two off:</td>
<td></td>
</tr>
<tr>
<td>• Withdrawal requiring 24-hour nursing intervention.</td>
<td></td>
</tr>
<tr>
<td>• Persistent Biomedical conditions and complications plus withdrawal with life-threatening risk with one (1) of:</td>
<td></td>
</tr>
<tr>
<td>i. Imminent danger of serious physical health damage</td>
<td></td>
</tr>
<tr>
<td>ii. Life-threatening sx related to excessive A&amp;D use</td>
<td></td>
</tr>
<tr>
<td>• Emotional/Behavioral complications - one (1) of:</td>
<td></td>
</tr>
<tr>
<td>i. Continued risk of danger to self or others</td>
<td></td>
</tr>
<tr>
<td>ii. Violent or disruptive behavior with imminent danger</td>
<td></td>
</tr>
<tr>
<td>iii. Altered mental status – disorientation to self; alcohol hallucinosis, or toxic psychosis</td>
<td></td>
</tr>
<tr>
<td>3. Updated Treatment plan with evidence that continued IP services are still required under supervision of a psychiatrist and qualified professionals 24-hours per day, &amp; active multiple therapies</td>
<td></td>
</tr>
</tbody>
</table>

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Treatment intensity must be demonstrated to justify continued need; Date of most recent evaluation by a psychiatrist – must be updated with each CSR.
PRTF Supplemental Questions

- Date of most recent evaluation by a psychiatrist – must be updated with each CSR
Outcomes

- Approval
  - Typically includes end-date

- Adverse:
  - Partial Approval
  - Denial
  - Technical Denial (not appealable)

Options for Adverse Decisions

- Desk Reconsideration
  - Within 10 days of written notice, fax new information to justify medical need to 877-431-9568, attention ND under 21
  - Ascend’s psychiatrist completes in 2 business days for acute & 3 for PRTF
  - If denial remains, option to appeal remains available.

- Appeal
  - Recipient or guardian must request to DHS within 30 calendar days of the initial denial notice.
  - DHS is not responsible for payment of services provided during an appeal. If the appeal reverses the denial, payment will be retroactive.
PROCESS SUMMARY

Acute and PRTF

Provider verifies Medicaid application or eligibility

- Provider submits online screen at admission or, if emergency, within 2 days of admit.
- Unless deferred, Ascend notifies provider of outcome & end date within 1 business day.

Admission & CSR

- Provider submits CSR form within 1 day (PRTF within 5) of authorization end date.
- Unless deferred, Ascend completes CON for non-emergent admissions, acute submits CON for emergency as retro.

- Ascend completes CON for non-emergent admissions, acute submits CON for emergency or retro.
Provider verifies Medicaid application or eligibility

Provider submits CSR form within 1 day (PRTF within 5) of authorization end date

Provider submits Retro Request form to DHS (in 2 days Acute and 4 days PRTF) of notice of Medicaid application

If approved, provider submits CON

DHS provides decision

Unless deferred, Ascend notifies provider of outcome & end—date within 1 business day

Could result in partial approval, full approval, or denial

Retro (current resident)

Retro Post Discharge

Provider submits Retro Request form to DHS (in 2 days Acute and 4 days PRTF) of notice of Medicaid application

DHS provides decision

Unless deferred, Ascend notifies provider of outcome within 3 bus days

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Tracking

- Notification of discharge

North Dakota Under 21 Discharge Notification

The purpose of this form is to:

1. 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: __________________________

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USING THE WEB-SYSTEM

www.pasrr.com (North Dakota)
Agency Web-Supervisor for pasrr.com

- Supervisor adds and 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 in 2 days
- Supervisor establishes password and signs user agreement
  - Agreement confirms supervisor will maintain users - Adding and removing staff from web-access

Obtaining log-on & password Privileges

- Supervisor
  - Access provided by agency supervisor
  - Maintains login information
- Users enter unique name and password and note user agreement attesting information accuracy

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Logging On

- Choose no – passwords should never be saved on the computer

Completing a screen

- Log on
- Enter user name and password
- View activity page (all screens for prior 2 weeks)
- Select referral type or submit tracking
- Complete all sections of the form with detailed information
- Once complete, press submit
Let’s Practice………..

Ex #1: Acute

Acute 12 y.o.
Bob
Ex #1
(Cont’d)

Acute 12 y.o.
Bob

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Ex. 1
(Cont’d)

Acute 12 y.o.
Bob

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14 y.o. Bobby

Has been placed in 14 different foster homes, three psych facilities, and the Homeless Youth Shelter. 3 foster homes, 3 psych facilities and the homeless shelter were within the past 7 months. Removed from parents at 7 d/t neglect. Placed with GM, removed from GM due to GM’s health ailments, and placed in foster homes. Mother’s rights were terminated in 2009 and his father’s were terminated in 2011. Mother is drug user who neglected pt and father is incarcerated and is a registered sex offender.
Ex. 2
PRTF Elective

14 y.o. Bobby

Placements at foster homes. Acknowledges auditory hallucinations typically when alone. They are not just voices, they are human forms. They are not fake. They are figures. AH tell him to hurt himself. Started cutting with razors at age 12. Most recent was this fall...Patterns in his foster homes have been consistent with aggression both physical and verbal. There are reports that he has slammed others into walls, hit, screams at, elbows, and bites others. He recently bit a staff at an inpatient facility drawing blood.

There is a report that he started a forest fire as well...Pt recently disclosed sexual abuse by a relative while in placement this summer and also has previously disclosed sexual abuse by a recent foster parent as well as physical abuse in the same foster home..."Was referred for psychiatric medication management, behavior modification, intensive individual therapy and education..."
Continued angry outbursts/escalations several times a week. Becomes aggressive with property (throwing chairs, ripping posters from walls, tipping over cabinets) and has assaulted staff (kicked, slapped, bit, slammed door on hands/feet) several times in the past few weeks. Therapeutic holds needed to be implemented twice (on separate occasions) to maintain his and others’ safety. PT reports he is escalated when he does not get his way, and has minimal motivation to change his behaviors in the moment. However, in therapy sessions, he admits to wanting to change, but presents as hopeless that this is “too hard.” He has identified coping skills to deal with his frustrations more effectively and has been observed trying some new strategies to deal with his anger/frustrations.

1/17/12: “Due to increased agitation and aggression,” medications were adjusted to include an “atypical with quicker onset.”

Additional notes/Comments: bs were completed at prior placement & were WNL. P will be given a chemical dependency assessment in the coming month to determine level of care needed. She is slowly adjusting to the facility and needs a lot of help from staff to perform basic duties, such as making bed, getting up in the morning, finding things to do during “freetime.” He has very poor personal boundaries, and will oftentimes get as close as a few inches from a staff while talking with them. He has been withdrawn from his peers, interacting minimally with them. When he becomes escalated, he sometimes threatens or calls his peers names. He wants to maintain normal supervision, and this has been a motivation for processing with peers and interacting at times, and attempting to deescalate. When he begins to escalate, it is typically because he doesn’t want to do something staff asks of him (do a PRIDE duty like sweeping, or having free time in his room). He has walked out of school several times since his admission when a teacher asks him to do something he doesn’t want to do as well. He is positive and receptive in individual therapy thus far. He presents as motivated to work on coping skills, but seems daunted by the amount of self control she needs to learn in order to manage emotions better. In therapy, she identified that past abuse may have caused him to feel “so angry” internally. This will hopefully be addressed in future sessions once she is able to use his coping skills regularly and is more stable.
You Decide....

Group Work
Ex. 4 Acute

- P.3 12 y.o.
  acute admit
- "Rob"

© Ascend Management Innovations
Group Work

Ex 4 Acute

- P.4 12 y.o. acute admit
- “Rob”
Group Work
Ex 5

- Bobina
- PRTF age 16

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PT completed treatment programming at ABC IP and was transitioned to DEF resident Group Home– 2/2011 on assessment status. However after admission she displayed serious concerns which have placed herself, the other residents and staff in an unsafe environment. Due to these concerns and displays of behaviors the decision was made that she was not appropriate for placement at that location and that group home level was not an appropriate LOC. Her SW was asked to find immediate placement and she will be transferred temporarily to another group home. In the last few weeks she has called her Social Worker threatening suicide or homicide because of not wanting to be at the present temporary placement. She is actively verbalizing that she wants to be moved to a new treatment facility and is acknowledging that she needs continued treatment.

- 16 yof with severe MH issues and concerns - Bi-Polar d/o, Mood d/o, Disruptive Behavior, and Anxiety d/o. Rapid mood swings and is presently very irritable. Records include hospital journals indicating homicidal hx. States she would like to kill her SM if given the chance. While at the group home she made several statements of wanting to hurt or kill the peers that lived there as well. In addition to this she has self-reported that she has burned someone with a cigarette while he was sleeping and found his reaction gratifying and funny. She has engaged in high-risk behaviors, to include running away from home on multiple occasions. She is likely going to need a significant amount of cognitive behavior therapy, DBT, and Intense Individual therapy to address her SOA behaviors and mental health issues. She lacks depth or genuineness. Her needs exceed the LOC the former facility can provide and have recommended some intense interventions. She indicated a severe lack of remorse and if given the chance to change anything she would only change personal physical attributes. Former facility recommended discharging her ASAP from their PRTF program to a PRTF program that has an intensive inpatient sexual responsibility program. As a result her Social Worker has contacted us for immediate placement. Recent psychological and psychosexual testing have revealed supportive documentation of a previous diagnosis of straight antisocial.
Please Turn in a Completed Workshop Evaluation

QUESTIONS & COMMENTS