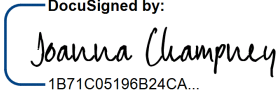


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> Eligibility and Enrollment Unit Inpatient Concurrent UR	<u>POLICY #:</u> DSAMH035
<u>PREPARED BY:</u> EEU UR	<u>DATE ISSUED:</u> 06/06/2022
<u>RELATED POLICIES:</u> DSAMH003 Provider Appeals Policy DSAMH031 Involuntary Placement Policy DSAMH032 Voluntary Placement Policy DSAMH034 EEU Inpatient Initial UR DSAMH036 EEU Inpatient Discharge UR DSAMH037 EEU Inpatient Retroactive UR	<u>REFERENCE:</u> NQCA, HEIDIS, CMS
<u>DATES REVIEWED:</u> 04/17/2023 03/27/2024 01/30/2025	<u>DATES REVISED:</u> 03/08/2023 01/17/2024 01/22/2025 12/17/2025 01/12/2026
<u>APPROVED BY:</u>  <u>DATE APPROVED:</u> 1/12/2026 4:35 PM PST	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. PURPOSE:

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for inpatient psychiatric treatment for Delaware residents eighteen (18) years of age or older who are uninsured or underinsured. These procedures pertain to all inpatient psychiatric treatment providers contracted to provide care for the State.

II. POLICY STATEMENT:

The Division of Substance Abuse and Mental Health (DSAMH) will conduct a concurrent review on the last covered day if additional days are requested. This concurrent review is based solely on the clinical documentation provided by the psychiatric hospital. Once the supporting clinical documentation is received by DSAMH Utilization Review (UR), it is considered a formal authorization request.

III. DEFINITIONS:

“Authorization” means the agreement from DSAMH that a patient meets medical necessity for inpatient psychiatric treatment.

“Delaware resident” means an individual who is not eligible for an out-of-state Medicaid plan and meets either of the following criteria:

1. An individual is domiciled in a permanent location or maintains a place of abode that they stay in that is a building, structure, or vehicle within the limits of the State, and spends more than 183 days in the State.
2. A person who possesses a valid Delaware-issued identification card such as driver’s license or non-driver identification card.

“Underinsured” means a third-party payor exists, but the service is not a covered benefit under their active plan, the benefit was denied by the third-party payor, or their insurance benefits have been exhausted. The PM37 chart must be used to determine underinsured eligibility and sliding scale fees.

“Uninsured” means no third-party payer exists; the client is considered indigent.

“Utilization Review” or “UR” means the review of clinical information to determine authorization approval or denial.

- IV. **SCOPE**: This policy and procedure applies to all inpatient psychiatric treatment providers contracted with the State to provide inpatient psychiatric care for uninsured or underinsured patients.

V. **PROCEDURES/RESPONSIBILITIES**

A. Exploration and discovery of insurance:

1. Additional information will be requested as needed:
 - a. The treating hospital is responsible to provide evidence that a patient is not covered under a private insurance, an out of state Medicaid, has exhausted Medicare days, or has a policy that does not cover acute inpatient psychiatric treatment. This evidence is required prior to DSAMH reviewing clinical documentation for authorization of treatment.

B. Submission of clinical documentation:

1. Clinical documentation will only be accepted via the DSAMH UR email box DSAMH_EEU_UR@delaware.gov with the word “concurrent” in the subject line.
2. Concurrent service review (CSR) and clinical documentation must be submitted by the last covered day. Any CSR and or other documentation submitted within seven (7) days of this date will be accepted. Any CSR submitted more than seven (7) days after this date will not be accepted and a denial of authorization will be issued for failure to submit CSR for review. No exceptions will be made.
 - a. Should the last covered day fall on a Friday or prior to a State holiday, CSR and clinical documentation must be submitted three to five (3-5) days before the last covered day or on the last covered day, to prevent potential delay or denial of authorization.
3. The number of days requested and the treatment goals for those days and supporting documentation must be included with the clinical submission.

C. Clinical documentation must include but is not limited to:

1. Documentation of legal status for hospital admission,
2. History and physical if not submitted with the initial review,
3. Documentation that treatment cannot be rendered at a lower level of care,
4. Treatment goals,
5. Progress notes from all disciplines since last review,
6. Group notes since last review, to include dual diagnosis group when appropriate,
7. Documentation of psychoeducation and community resources,
8. Documentation of development of a safety plan or a relapse prevention plan,
9. Vital signs,
10. Laboratory results or diagnostic testing,
11. Medication administration record and information on medication compliance,
12. Documentation of discharge planning,
13. Collateral information such as documentation of contact with outpatient providers, family and/or support system, and
14. Clinical Opiate Withdrawal Scale and/or Clinical Institute Withdrawal Assessment Scale when appropriate.

D. Review of clinical documentation:

1. DSAMH UR will conduct a review of the clinical documentation to provide determination of authorization.
2. DSAMH UR will respond with the authorization or denial of request within two (2) business days of submission.
3. DSAMH UR may authorize multiple days, but each day of treatment must meet medical necessity based on documentation provided by the hospital.
4. Failure to submit complete clinical and treatment documentation could result in delay in authorization or denial of authorization.
5. Frequency of reviews will vary based on the clinical status of the client and documentation provided by the psychiatric hospital.

E. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.

F. Table of timeline:

Provider will:	Submit ALL clinical documentation via the DSAMH UR email box DSAMH_EEU_UR@delaware.gov with the word “concurrent” in the subject line	submitted by the last covered day
DSAMH UR will:	conduct a review of the CSR and other clinical documentation to provide determination of authorization	within two (2) business days of submission
DSAMH UR will:	respond with the authorization or denial of request	within two (2) business days of submission
Review shall be completed at least every 30 days		

VI. **POLICY LIFESPAN**: This policy will be reviewed annually.

VII. **RESOURCES:** N/A