



COUNTY OF MONTEREY HEALTH DEPARTMENT

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Administration Clinic Services Public Health
 Behavioral Health Emergency Medical Services Public Administrator/Public Guardian
 Environmental Health/Animal Services

Policy Number	422
Policy Title	Utilization Review
References	Federal 42 CFR 438 and other Managed Care Requirements Social Security Act (SSA), Title XI, Section 1154(a)(1) DMC-ODS Waiver Special Terms and Conditions California Welfare & Institutions Code 14124.24 California Welfare & Institutions Code 14711 Social Security Act (SSA), Title XI, Section 1154(a)(1) Code of Federal Regulations, Title 42, Sections 432.2, 432.50, and 433.15 California Code of Regulations (CCR), Title 9, Division 1, Section 1830.205 CCR, Title 9, Division 1, Section 1830.210; California Department of Health Care Services (CA DHCS) Letter 95-04 Monterey County Behavioral Health (MCBH) Policy 129 – Medical Records Documentation MCBH Policy 443 – Scope of Practice MCBH Documentation Guide
Form	Utilization Review Tool (contact Monterey County Behavioral Health Quality Improvement for most current version)
Effective	September 1, 1989 Revised: November 7, 1991 Revised: July 26, 1993 Revised: October 8, 1995 Revised: April 6, 2006 Revised: January 22, 2015 Revised: September 26, 2019

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2 **POLICY**

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4 Every fiscal year, Monterey County Behavioral Health (MCBH) will conduct an in-depth utilization review (UR)
5 on a minimum of 10% of its client health records with services in that particular fiscal year for Specialty
6 Mental Health Services and yearly utilization review of health records for substance use disorder (SUD)
7 services delivered under the Drug Medi-Cal Organized Delivery System (DMC-ODS) to ensure services and
8 related documentation are in compliance with all relevant Federal, State, and Monterey County statutes and
9 regulations.

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11 UR includes, but is not limited to, an evaluation of: whether or not services meet statutory and contractual
12 standards for medical necessity (e.g., criteria established by the California Code of Regulations, Title IX for
13 MediCal beneficiaries; terms of a contract with a private insurer); documentation; billing; clinically appropriate
14 services; and scope of professional practice.

15
16 Information learned through the UR process will be used for ongoing improvement of MCBH systems and
17 processes, including but not limited to clinical service delivery and staff training and development. General

18 trends from the UR process will be presented by MCBH QI to direct service staff and to the Quality
19 Improvement Committee (QIC) at least once per fiscal year as part of the ongoing improvement initiatives.
20

21 MCBH Quality Improvement (QI) has primary oversight of MCBH processes. As such, MCBH QI will have the
22 following duties related to MCBH's overall UR processes:

- 23 1) Establish an annual review schedule that ensures that each and every MCBH program (both internal
24 and contracted) with billable services during the fiscal year review period will undergo the UR
25 process.
- 26 2) Review a random selection of client health records for each program.
- 27 3) Issue Quality Improvement Action Requests (QIARs; see Policy 493 – Quality Improvement Action
28 Request) that must be acted upon by the provider, team, and/or program receiving the QIAR in the
29 time frame specified.
- 30 4) Provide feedback to individual providers, teams, and/or programs regarding the findings from the UR
31 process.
- 32 5) Update the MCBH Utilization Review Tool as needed to maintain compliance with all relevant
33 Federal, State, and Monterey County statutes and regulations.
- 34 6) For DMC-ODS reviews, submission of utilization report shall be sent to the Department of Healthcare
35 Services (DHCS) in accordance with guidance.
- 36 7) Services not meeting medical necessity criteria shall be disallowed and overpayment policies shall
37 be followed. Policies including, but not limited to [MCBH Policy 108](#) and [MCBH Policy 119](#).
38

39 MCBH Administration and QI may establish any additional processes required to fulfill the review rate targets
40 utilizing services managers, unit supervisors, and/or licensed or license-eligible providers as necessary to
41 achieve the specified review rate.
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43 Utilization review activities are not billable services. If non-QI Team members (e.g., MCBH supervisors,
44 managers, license-eligible staff, license-eligible contractors) engage in utilization review activities, the staff or
45 contractor will utilize "QI Time" to account for these activities.
46

47 It is the expectation of MCBH that its contractors conduct their own utilization review processes in compliance
48 with Federal and State laws and contractual obligations with MCBH and any other payor source.
49

50 Peer Reviews

51 Peer review is a process in which a provider's service delivery and clinical documentation is reviewed by a
52 non-supervisor, non-management licensed, license-eligible, waived member of the provider's clinical team.
53 The UR process does not require peer review for each and every single opening or annual renewal (aka
54 annual treatment plan) of client services. However, peer reviews are allowed if specific teams and programs
55 prefer peer review by a licensed, license-eligible, or waived member of the team; by the unit supervisor; or
56 by the services manager prior to opening or renewing client services.