



MULTNOMAH COUNTY OREGON

DEPARTMENT OF COUNTY HUMAN SERVICES
MENTAL HEALTH AND ADDICTION SERVICES DIVISION
HEALTH SHARE MULTNOMAH MENTAL HEALTH

SECTION: Utilization Management		NUMBER: UM-010
TITLE: ICTS Concurrent Review Process		ORIGINATED: 4/2013 REVIEW DATES:
APPROVED:	CONTACT PERSON/S: Rochelle Pegel, Joan Rice	PAGE 1 of 1

Applies to: MHASD UR Staff, Health Share Multnomah Mental Health ICTS Providers

Attachments:1
ICTS Concurrent Review Form

POLICY STATEMENT:

Health Share Multnomah Mental Health and ICTS providers will utilize a standardized process for concurrent review of members receiving ICTS services that supports medical necessity and appropriate transitions in care. Members initiating an ICTS level of care will receive an initial 90 day authorization followed by subsequent 90 or 30 day authorizations.

PROCEDURE:

1. Concurrent Review: 90 Day

- A. The Mental Health Provider will send the 30 day ICTS Concurrent Review Form with clinical information to Multnomah County Mental Health and Addictions Department 10 business days prior to the end of the 90 day authorization. Please note that providers are responsible for initiating the review process as Multnomah County Mental Health and Addictions Department will not be tracking expiring authorizations.
 - 1) If approved: Multnomah County Mental Health and Addictions Department UR staff will give email approval to the Mental Health Provider Supervisor within 14 calendar days (two weeks) of the UR due date and include the authorizations dates.
 - 2) Authorization information in PhTech CIM system will be available by the next business day. If the CIM authorization does not match the email authorization sent by UR staff, provider should contact Donna Andrews at 503-988-5464 ext 25861 or by email at donnaa@multco.us.
 - 3) If more clinical information is requested Multnomah County Mental Health and Addictions Department UR staff will request in writing (email) clinical documentation and/or a phone follow up conversation to discuss questions staff have regarding the medical necessity. The provider has 2 business days to respond with additional information.
 - 4) If denied: Multnomah County Mental Health and Addictions Department UR staff will send an Notice of Action (NOA) in accordance with Medicaid and Multnomah County Mental Health Department protocol for NOA's.

- 5) If the Mental Health Provider does not agree with the NOA decision an appeal can be filed with the Multnomah County Appeals Department.
 - 6) If the provider agrees, they will step the client down to an Outpatient Authorization or make appropriate referrals if needed.
 - 7) If there is a delay from the Mental Health Provider of the 30 day ICTS Concurrent Review Form being sent in or additional clinical information requested being provided, if ICTS is denied, Multnomah County Mental Health and Addictions Department may decide to date the end of the authorization to the month it was due.
 - 8) If approved at 90 days, another 90 day authorization for ICTS services is approved.
2. Concurrent Review: 30 day authorization requests for services beyond 6 months
- A. The Mental Health Provider will send the ICTS Concurrent Review Form with clinical information to Multnomah County Mental Health and Addictions Department 14 calendar days (two weeks) prior to the end of the 90 day authorization. Please note that providers are responsible for initiating the review process as Multnomah County Health Department will not be tracking expiring authorizations.
- 1) If approved: Multnomah County Mental Health and Addictions Department UR staff will email approval to the Mental Health Provider Supervisor within 14 days of the UR due date.
 - 2) If more clinical information is requested Multnomah County Mental Health and Addictions Department UR staff will request in writing (email) clinical documentation and/or a phone follow up conversation to discuss questions staff have regarding the medical necessity. The provider has 2 business days to respond with additional information.
 - 3) If denied: Multnomah County Mental Health and Addictions Department UR staff will send an Notice of Action (NOA) in accordance with Medicaid and Multnomah County Mental Health Department protocol for NOA's.
 - 4) If the Mental Health Provider does not agree with the NOA decision an appeal can be filed in writing with the Multnomah County Appeals Department.
 - 5) If the provider agrees, they will step the client down to an Outpatient Authorization or make appropriate referrals if needed.
 - 6) If there is a delay from the Mental Health Provider of the 30 day ICTS Concurrent Review Form being sent in or additional clinical information requested being provided, if ICTS is denied, Multnomah County Mental Health and Addictions Department could decide to date the end of the authorization to the month it was due.
 - 7) If approved at 180 days, another 30 day authorization for ICTS services is approved.

Health Share Multnomah Mental Health ICTS Concurrent Review Form
Please complete and fax to UR at 503.988.3137

Date:	Name of Clinician and Agency:		Phone:
Client:		DOB:	OHP #:
Psychiatrist:	Date of last Psychiatric Appt:	Axis I and II Diagnosis:	
Medications including doses and date of changes:			
Current Clinical Presentation (since last review): Please give mental health symptoms including examples from the child's home, school, in community, where those symptoms are prevalent and how they impact functioning:			
How many times was crisis support line accessed after hours since last review and give examples of events			
Comment on child/family engagement and response to treatment:			
Treatment Goals and date of changes:			
Barriers To Discharging from ICTS:			
Anticipated Length of Stay:	Discharge Planning begins upon entry. What aftercare is being worked on when stepping down from ICTS:		
Other things you want UR to know: (placement plans, school changes, etc)			
Form Completed By:		Signature (if printed):	