County of San Bernardino
Department of Behavioral Health

Consistency in Outpatient Utilization Review and Authorization Practices Procedure

Effective Date	01/28/2014	
Approval Date	01/28/2014	CaSonya Thomas, Director

Purpose

To ensure a high-level of consistency among Department of Behavioral Health (DBH) Access Unit clinicians who review and make authorization decisions regarding Outpatient Treatment Authorization Requests (TARs).

Procedures

The Clinical Therapist II n the Access Unit shall conduct an assessment of inter-rater reliability annually or more frequently if necessary, utilizing the following procedures:

- Randomly select a sample of five (5) Authorization/Re-Authorization requests from Fee-for-Service Providers which will be reviewed by all Access Unit Clinicians in the Therapy or Psychiatry category.
- Complete a review worksheet within the same day indicating whether the request should be approved, denied, or a 14-day letter sent requesting additional clarification.
- Review the worksheets and determine degree of inter-rater agreement among clinicians.
- Meet with clinicians to review results of the study and discuss areas reflecting a variance.
- Arrange for staff training, when necessary, and conduct a follow up sample to ensure consistency.

Note: The Quality Management Physician Advisor shall review psychiatric authorizations for consistency and report findings in writing to the Access Unit Clinical Therapist II as part of the annual assessment. Findings from the inter-rater reliability studies and the actions taken to resolve discrepancies will be sent to the QM Program Manager for review and follow up.

Reference

California Code of Regulations, Title 9, Section 1810.440(b)(1)(2)(3)

Related Policy

DBH Standard Practice Manual:

- QM6038: Consistency in Inpatient and Outpatient Utilization Review and Authorization Practices Policy
- QM6038-1 Consistency in Inpatient Utilization Review and Authorization Practices Procedure