

Utilization Review / Quality Improvement Plan Checklist

OASAS will not formally approve Utilization Review (UR) processes or Quality Improvement Plans (QIP) for individual providers. However, the following document is provided to support programs in their development of a quality UR process and QIP. The document will guide programs to develop and self-assess if their UR and QIP meet minimum regulatory compliance. Specifically, regulatory criteria have been placed in a checklist format. By reviewing their UR/QIP against the checklist, programs should be able to determine their level of compliance and make any needed adjustments. Though in general this document supports the concept of minimal regulatory compliance, there are some areas that are indicative of “better practice” and go beyond the level of minimal compliance. These particular areas have been ***bolded, italicized, and underlined*** for easy identification. If a program has a specific question(s) regarding the checklist or areas of concern identified in the completion process, please contact the Technical Assistance/Systems Reform Unit at TechnicalAssist@oasas.ny.gov.

Utilization Review	
822-4.7(a)(1-2)	<p>The utilization review requirement may be met by the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> provider performs utilization review process internally; OR <input type="checkbox"/> provider has an agreement with another organization which is competent to perform utilization review.
822-4.7(b)	<p>The utilization review is conducted by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> at least one qualified health professional; AND <input type="checkbox"/> someone who is not the clinical staff member directly treating the patient being reviewed.
822-4.7(c)	<p>The utilization review plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i><u>defines retention criteria;</u></i> <input type="checkbox"/> includes procedures for ensuring that retention criteria are met and that services are appropriate; <input type="checkbox"/> <i><u>defines a representative sample of patients and the criteria used to establish this sample size;</u></i> <input type="checkbox"/> considers the needs of a representative sample of patients for continued treatment; <input type="checkbox"/> considers the extent of the chemical dependence problem; <input type="checkbox"/> considers the continued effectiveness of, and progress in, treatment; <input type="checkbox"/> includes separate random samples based upon a length of stay (<i><u>i.e., patients in treatment more than 90 days</u></i>), with larger samples for patients with longer lengths of stay (<i><u>as defined by the program</u></i>); and <input type="checkbox"/> must be conducted for all active cases within the twelfth month after admission and every 90 days thereafter.
822-4.7(d)	<p>Documentation must be maintained that demonstrates that deliberations were:</p> <ul style="list-style-type: none"> <input type="checkbox"/> based on current progress in treatment relative to applicable functional areas as given in the treatment/recovery plan; <input type="checkbox"/> determined the appropriateness of continued stay at the outpatient level of care and intensity of services; <input type="checkbox"/> determined whether a co-occurring disorders required referral to outside services; <input type="checkbox"/> determined that reasonable expectation of progress towards the accomplishment of the goals and objectives articulated in the patient's treatment/recovery plan, based on continued treatment at this level of care and intensity of service; and <input type="checkbox"/> resulted in a recommendation regarding continuing stay, intensity of care and/or referral of this case.

Quality Improvement Plan

822-4.7(f)	<p>The established Quality Improvement Committee includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> at least three program staff; <input type="checkbox"/> at least one Qualified Health Professional; and <input type="checkbox"/> at least one responsible clinical staff member.
822-4.7(f)(1-3)	<p>The Quality Improvement Committee at a minimum:</p> <ul style="list-style-type: none"> <input type="checkbox"/> meets at least quarterly; <input type="checkbox"/> keeps records of meeting activities and recommendations; <input type="checkbox"/> collects patient satisfaction, performance, and treatment outcome data (e.g., IPMES data, independent peer review, outcome surveys); <input type="checkbox"/> uses above data to assess program performance and treatment outcomes; and <input type="checkbox"/> reviews and updates, at least annually a written quality improvement plan. <p>The Quality Improvement Plan identifies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> mission and goals of the certified provider; <input type="checkbox"/> methods for collection and review of performance and outcome data; <input type="checkbox"/> specific measures to be tracked in a given time period; <input type="checkbox"/> recommended actions needed to improve program performance and patient outcomes; and <input type="checkbox"/> process for considering findings of: <ul style="list-style-type: none"> <input type="checkbox"/> utilization review; <input type="checkbox"/> incident reviews; <input type="checkbox"/> staffing needs assessment; <input type="checkbox"/> compliance reviews; <input type="checkbox"/> external/internal audits; and <input type="checkbox"/> other management activities.
822-4.7(g)	<p>The Provider prepares an annual report which:</p> <ul style="list-style-type: none"> <input type="checkbox"/> is submitted to the governing authority; <input type="checkbox"/> documents the effectiveness and efficiency of each outpatient program in relation to its goals and quality improvement plan; <input type="checkbox"/> indicates any recommendations and plans for improvement in its services to patients; and <input type="checkbox"/> indicates any recommended changes to its policies and procedures.