



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
**BEHAVIORAL
HEALTH SERVICES**

Date Issued	5/21/2018	Owner	Dana James
Last Approved Date	8/16/2022	Policy Area	Wraparound (Wrap, REACH, youth CCS)-Administration
Effective	9/1/2022		
Last Revised Date	8/16/2022		
Next Review	12/31/2024		

#073 - Utilization Review/Management

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) that Utilization Review (UR) and Utilization Management (UM) occurs as an ongoing administrative/managerial process to ensure necessity, quality, efficiencies and cost effectiveness.

II. DEFINITIONS

Utilization Review: Evaluation of the necessity, quality, effectiveness or efficiency of services and procedures.

Utilization Management: Use of the techniques that allows purchasers to manage the cost and need for services by assessing its appropriateness before it is provided using specific criteria and guidelines.

III. PROCEDURE

Wraparound Milwaukee engages in several processes that address/review the utilization of services (necessity, quality effectiveness, efficiency) and their related costs, in addition to the management of those services/costs.

Utilization review processes/procedures that are engaged in on a regular basis and/or as identified:

- A. Prior Authorization and review of necessity of care - Out of Home care (Residential, Group Home, Foster Care), Day Treatment, Inpatient Psychiatric Hospitalization, as needed.
- B. Override process for those services being requested above the maximum allowable units, as

needed.

- C. Managerial approval for service mix/service provision outside the norm and/or contrary to regular procedure/policy, as needed.
- D. Review of/justification for Discretionary Funds above the maximum allowable amount, at minimum on a quarterly basis.
- E. Review of high/low utilization trends, at minimum on a quarterly basis.
- F. Review of Trends Reports that focus on service groups/total monies spent per member/per month/per year, at minimum on a quarterly basis.
- G. Monitoring of service utilization/performance outcomes/service authorization and billing/invoicing patterns (Dashboards, Synthesis Reports, Agency Performance Reports), at minimum twice a year.
- H. Other identified utilization/trend concerns that become apparent, as needed.

Several of the above identified UR processes have associated protocols/outlined directives that provide guidance/directions for those individuals processing/reviewing the data/outcomes. Trends/outcomes are discussed and addressed in a variety of forums, i.e. - Management Meetings, Care Coordination Supervisor Meetings, Agency Performance Meetings, Partnership Council, QA/QI Executive Committee Meetings, meetings with Care Coordination agencies, Provider Forum meetings, etc. Actions plans, i.e. - Agency Improvement Plans, are established as needed/required to ensure any associated corrective action and/or procedural changes are monitored for follow through and positive change.

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/16/2022
	Brian McBride: ExDir2 – Program Administrator	8/16/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/10/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/10/2022