PerformCARE®	Policy and Procedure

Name of Policy:	Continued Stay Review Process
Policy Number:	CM-042
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Care Management
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	05/14/03
Last Revision Date:	07/18/25
Last Review Date:	07/18/25
OMHSAS Approval Date:	N/A
Next Review Date:	07/01/26

Policy: Continued stay review of care occurs throughout all levels of care. PerformCare's Clinical Care Management staff work with providers to develop a comprehensive treatment plan to meet the Member's needs. PerformCare's Clinical Care Management staff monitors treatment plan progress and determine appropriate level of care as the Member continues through the treatment continuum using Medical Necessity Guidelines.

Purpose: To assist the provider in determining a comprehensive treatment plan to meet the Member's needs and to monitor treatment plan progress. To ensure Members meet continued stay Medical Necessity Guidelines for the current level of care, or to plan discharge or transfer to appropriate level of care. To ensure Members move through the continuum of care appropriately based on Medical Necessity Guidelines.

Definitions: None

Acronyms: **EMR:** Electronic Medical Record

Procedure:

1. PerformCare reviews the Member's progress with the attending clinician or Utilization Review staff as clinically indicated.
2. The review process focuses on:
   2.1. Development of a comprehensive biopsychosocial assessment.

2.2. Defined treatment interventions targeted at specific issues and symptoms.
2.3. Identification of existing natural resources and natural resources targeted for development.
2.4. Identification of quality-of-care concerns.
2.5. Differentiation of long and short-term goals.
2.6. Measurable objectives associated with reasonable time frames.
2.7. Realistic treatment expectations consistent with the goals of the Member.
2.8. Specific and appropriate discharge planning with scheduled and coordinated aftercare to include evidenced-based treatment.
2.9. Evidence of Member and family participation in the treatment and aftercare.
2.10. Appropriate treatment of co-occurring substance use or mental health issues.
2.11. Update on behaviors and symptoms. documenting progress or barriers to progress and interventions to address barriers.
2.12. Evidence of person-centered, strength-based treatment.

3. If the Member meets Medical Necessity Guidelines for continued stay at the present level of care, the Clinical Care Manager will provide authorization for a specific number of days, document the clinical information and rationale in the Member's PerformCare EMR, schedule the next continued stay review and generate the authorization.
4. If the Member does not continue to meet Medical Necessity Guidelines for continued stay at the current level of care, the Clinical Care Manager will refer the case to a Psychiatrist or Psychologist Advisor who makes the determination for the appropriate level of care. *CM-013 Approval and Denial Process and Notification* is followed for all denials.
5. Clinical Care Managers are not permitted to deny a request for services; only a PerformCare Psychiatrist /Psychologist Advisor (in accordance with Appendix AA requirements) may issue a denial within the scope of their licensure and practice per *CM-013 Approval-Denial Process and Notification*.
6. All continued stay reviews are documented in the Member's PerformCare EMR.
7. PerformCare does not provide incentives to its employees who conduct utilization management activities for denying, limiting, or discontinuing medically necessary services.

7.1. Utilization Management decision-making is based only on Medical Necessity Guidelines, appropriateness of care and service, and existence of coverage.
7.2. PerformCare does not specifically reward practitioners or other individuals for issuing denials of coverage or service.
7.3. Financial incentives for Utilization Management decision-makers do not encourage decisions that result in under-utilization.

Related Policies: *CM-011 Clinical Care Management Decision Making*
CM-013 Approval and Denial Process and Notification
QI-042 6-Criteria Complaint
QI-043 Dissatisfaction Complaint
QI-044 Grievance

Related Reports: None

Source Documents and References: *DHS HealthChoices Program Standards and Requirements, Appendix S & T - Medical Necessity Guidelines, ASAM and PerformCare's Medical Necessity Guidelines*

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:

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Primary Stakeholder