



# Consistency in Outpatient Utilization Review and Authorization Practices Procedure

**Effective Date** 01/28/2014  
**Revised Date** 07/11/2022

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**Purpose** To ensure a high level of consistency among Department of Behavioral Health (DBH) Quality Management (QM) clinicians who complete utilization review and/or make authorization decisions.

**Procedures** The Clinic Supervisor or Clinical Therapist II in the Outpatient Review team or the Authorization unit shall conduct as assessment of inter-rate reliability annually or more frequently if necessary, utilizing the following procedures:

- Randomly select a sample of services or authorizations which will be reviewed by all the clinicians on the respective unit/team.
- For authorizations, complete a review worksheet within the same day indicating whether the request should be approved, denied or modified.
- For chart reviews, complete a review worksheet within the same day indicating the findings whether the chart meets chart documentation requirements including the strengths and weaknesses of the documentation process.
- 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:** Findings from the inter-reliability studies and the actions taken to resolve discrepancies will be sent to the QM Clinical Program Manager for review and follow up.

**Related Policy or Procedure** [DBH Standard Practice Manual:](#)

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

**Reference(s)**

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