

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Policy Name: Utilization Management		
Policy Number: 507.04.16	Effective Date: 8/27/2019	Page Number: 1 of 14
Authority: Commissioner	Originating Division: Health Services Division (Physical Health)	Access Listing: Level I: All Access

I. Introduction and Summary:

Utilization management (UM) is a prospective evaluation of the appropriateness, medical need and efficiency of health care services, and procedures and facilities. UM promotes efficient infirmary and hospital bed management utilization through prospective, concurrent and retrospective case-specific review based on the medical necessity of patients, their length of stay, and the appropriate use of diagnostic and therapeutic clinical services. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders including county and Private Prisons.

II. Authority:

- A. GDC Standard Operating Procedures (SOPs): 507.01.01 Health Care Philosophy and Right to Treatment, 507.04.10 Consultation and Procedures, 507.04.12 Telemedicine, 507.04.14 ASMP Medical Bed Space, 507.04.15 ASMP Inpatient Admission and Discharge Process, 507.04.17 Community Hospital Admission and Discharge, 507.04.42 Infirmary Care, and 208.03 Death of An Offender;
- B. GCHC Scope of Services; and
- C. ACA Standards: 4-4142, 4-4344, 4-4345, 4-4347, 4-4348, and 4-4352.

III. Definitions:

- A. **Utilization Management (UM)** - Review, authorization and coordination of medically necessary services. UM staff are referred to as Nurse Analysts and are licensed nurses (LPN, LVN, or RN).
- B. **Approved Length of Stay** - The number of bed days approved for occupancy and/or reimbursement by UM.

IV. Statement of Policy and Applicable Procedure:

- A. **Scope of Utilization Management Services:** Includes the prospective, concurrent, and retrospective review and management of health care services to offenders. Management strategies include:
 - 1. Post-certification of emergency room visits;

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2. Pre and post-certification of emergent and non-emergent hospitalizations, including determination of approved length of stay;
3. Medical bed space management, including Augusta State Medical Prison (ASMP) medical units, statewide infirmary and observation beds, and designated Accommodated Living Unit (ALU) beds;
4. UM review and approval of specialty consultations and procedures (both within and outside GDC facilities); and
5. Data collection and reports used for management purposes which demonstrate the effective use of GDC resources.

B. Utilization Management Infrastructure:

1. UM is the responsibility of the Office of Health Services (OHS);
2. UM availability includes timely twenty-four (24) hour response:
 - a. Staff availability in the UM office during normal business hours is Monday through Friday, 8:00 AM to 4:30 PM, except holidays;
 - b. All routine phone calls will be answered before the end of the business day;
 - c. The answering message will include a telephone number to access UM personnel immediately during business hours and in the event of an emergency; and
 - d. After business hours, an on-call UM Nurse Analyst will provide coverage. The on-call phone number is 404-863-3079.
3. Coordination with the Facilities Division and Offender Administration in order to affect the transfer of offender(s) by utilizing GDC's established transportation systems to maximum capability.

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C. Emergency Room Visits:

1. In the event of a medical emergency room visit that leads to an admission, the medical or correctional staff at the facility should advise the hospital staff that the UM Nurse Analyst shall be notified within twenty-four (24) business hours of the admission;
2. If a higher level of medical care is required and an additional transfer to another hospital is necessary, the UM Nurse Analyst will be notified immediately by the hospital and facility staff;
3. If a higher-level medical bed is needed, the GDC Statewide Medical Director or UM Nurse Analyst will determine the type and location of the appropriate bed and coordinate the transfer between the respective facilities; and
4. If the placement in a higher-level medical bed is necessary, the GDC Statewide Medical Director or UM Nurse Analyst will notify Offender Administration via phone or email to affect the transfer.

D. Managing Emergency and Elective Outside Hospital Admissions:

1. On the first day of each admission, the UM Nurse Analyst will contact the admitting physician/hospital clinical staff, to determine the clinical condition of the offender and to determine an Approved Length of Stay based upon UM criteria;
2. Clinical concurrent review information will be entered into the GDC “Hospital Tracker” by the UM Nurse Analyst;
3. Non-emergent hospitalizations will be pre-approved through the Consultation/Procedure UM review process;
4. Non-emergent surgeries or procedures will be scheduled with providers with whom the vendor has contracts, if possible;

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5. UM staff will manage hospitalizations through concurrent review and discharge planning;
6. The UM Nurse Analyst will monitor each hospitalized offender and initiate discharge planning procedures as soon as possible following admission;
7. Discharge planning requires extensive coordination with the hospital authorities (e.g., Case Manager, Attending Physician,) and the site Medical or Nursing Director of the receiving facility (i.e., Parent Institution, ASMP or Regional Infirmarium, Pharmacy, etc.);
8. The UM Nurse Analyst will complete the Brief Hospital Discharge form and send (email or fax) to the receiving facility;
9. The UM Nurse Analyst is responsible for reviewing the medical management of offenders who are admitted to a hospital; therefore, only the UM Nurse Analyst should obtain medical information from the hospital;
10. GDC facility/medical staff are not to call the hospital to inquire about the clinical condition or status;
11. If the ER visit is the result of an assault, the GDC facility will notify the UM Nurse Analyst on-call (UM on-call number 404-863-3079) when an offender is taken to a hospital;
12. The UM Nurse Analyst will provide a clinical status report to the Warden, with a target of less than one (1) hour after arrival at the hospital;
13. The UM Nurse Analyst will provide the Warden updates on the offender's clinical condition and a notice of estimated date of discharge for any offender that has been hospitalized;
14. The UM Nurse Analyst will notify the facility Warden/DWCT or designee of any significant change in the offender's clinical condition, which may require notification of family, coordination of visitation, etc.;

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15. No GDC Facility should share the contact information of the UM Nurse Analyst with offender family members;
16. Contact with an offender's family will be at the direction/discretion of the Facility Warden;
17. The Warden/Superintendent or designee is responsible for family notification and coordination of visitation;
18. All family visits for hospitalized offenders will be coordinated by the Warden or designee and the facility, not by the Hospital or UM;
19. GDC facility/medical staff are not to call UM for updates; and
20. The UM Nurse Analyst will not provide routine updates regarding the offender's clinical condition to the facility staff.

E. Health Insurance Portability and Accountability Act (HIPAA) Compliance:

1. Officers on hospital posts shall not convey information that they may overhear, and officers shall not participate in discussions regarding the medical care of an offender;
2. Officers shall not comment on length of stay or discharge plans;
3. GDC facility/medical staff shall not call the hospital to obtain information regarding the offender;
4. GDC facility/clinical staff, who are employed at the hospital, shall not use their institutional connections to obtain information regarding an offender;
5. For consent to treatment purposes, an offender is treated the same as any other patient;
6. For adult offenders, the Warden is a custodian not a legal guardian and therefore, cannot provide consent for treatment; and

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7. Officers on a hospital post cannot provide consent for hospital treatment. For further guidance, refer to SOP 507.04.85 Informed Consent.

F. Death of an Offender:

1. The Warden/Superintendent or designee is responsible for notifying the designated person of record when an offender dies, in accordance with SOP 208.03 Death of An Offender; and
2. The facility's Medical Section or UM is not responsible for notification.

G. Utilization Management of Medical Bed Space:

1. The UM department will monitor and/or assign the use of all GDC medical bed space. This includes:
 - a. ASMP Nursing Units and other Specialty Medical beds (Accommodative Living Unit ALU etc.);
 - b. Regional Infirmary and Observation Unit Beds; and
 - c. Institutional Medical Bed Space in coordination with Offender Administration.
2. The UM department will track the occupancy of all GDC medical beds (excluding facility bed space); and
3. Site Medical Directors needing to transfer an offender patient to a medical bed will call UM to discuss the case and determine the most appropriate medical bed for the patient.

H. Internal ASMP Admissions: When an offender is permanently assigned, or transiently housed at ASMP and requires a medical bed, the ASMP Medical Director or designee will admit the patient to the appropriate unit (Notification of the UM office is not required).

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I. Utilization Management of Regional Infirmiry Beds:

1. All external admissions to a regional infirmiry will be coordinated through the UM Office;
2. When a site Medical Director needs to transfer an offender to a higher-level medical bed, the UM Office will be contacted;
3. If UM determines that a regional infirmiry bed is appropriate, the site Medical Director or designee will be notified that a patient is to be admitted, and the Approved Length of Stay for the admission;
4. When a patient is transferred from one facility to another for admission into the Regional Infirmiry, the sending site Medical Director or designee will call the receiving site Medical Director to discuss the case and coordinate the transfer;
5. The sending Medical Director or designee will prepare a brief clinical summary, of pertinent clinical information, signed advance directive, etc., which will accompany the offender at transfer;
6. The transfer nurse will complete an intra-system transfer form that will include pertinent clinical information of medication summary, conditions and observations;
7. This form will accompany the offender at the time of transfer;
8. When an offender permanently assigned or transiently housed at a facility with a regional infirmiry requires an infirmiry bed, the site Medical Director will admit the patient to the infirmiry;
9. The receiving physician will ensure that the patients admitted to the infirmiry are properly admitted, receive appropriate and timely medical care, and are discharged; and

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10. The UM Daily Infirmery Bed Status Report P18-0003-01 will be completed and approved by the site Medical Director/designee and faxed or emailed to the UM Department every Tuesday and Thursday.

J. Management of Observation Patients:

1. Offenders may be assigned to an infirmery bed for observation status; however, their stay may not exceed a stay greater than twenty-four (24) hours;
2. Observation beds may be utilized by site Medical Directors for medical observation of offenders for periods of less than twenty-three (23) hours;
3. Compliance with 507.04.42 Infirmery Care is required; and
4. UM may assign offenders requiring accommodative living to an infirmery bed.

K. UM of Consultations, Procedures and Specialty Outpatient Care: The GCHC Medical Director will develop clinical protocols to be used by site Medical Directors or designees for clinical evaluation of selected medical conditions and when it is appropriate to request consultations and procedures.

L. Availability of Consultation and Procedure Services:

1. The GDC Medical Director will assist in assessing the demand for specialty consultations and procedures to allow an adequate supply of services according to clinical urgency;
2. Time frames for delivery of service (consultations and procedures) will be consistent with clinical urgency, with target time frames as follows:
 - a. "Urgent" consultations/procedures: within ten (10) calendar days;
 - b. "Expedite" consultations/procedures: within twenty (20) days; and
 - c. "Routine" consultations and procedures: within sixty (60) days

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M. Utilization Management Review of Consultation and Procedure Requests:

1. All consultations and procedures will be subject to UM review and approval;
2. Consultations and procedure requests will be submitted to UM in accordance with 507.04.10 Consultations and Procedures;
3. Only the UM staff will have the access rights to approve or deny medical consultation/procedure requests;
4. The Statewide Dental Director will approve all dental and oral surgery requests;
5. Mental Health Evaluations will be approved locally or regionally;
6. To review Consultation/Procedure requests, the GDC Medical Director or UM Nurse Analyst will access consultation/procedure requests from the Statewide Correctional Repository and Information System (SCRIBE); and
7. The GDC Medical Director or UM Nurse Analyst will review and make a determination regarding the approval of each consultation/procedure request:
 - a. “Urgent with a target of 2 working days of submission;
 - b. “Expedite” with a target of 3 working days of submission; and
 - c. “Routine” with a target of 5 working days of submission
8. Utilization Management dispositions include the following:
 - a. Approved for ASMP Services;
 - b. Approved for Telemedicine;
 - c. Approved for Local/Outside Services;

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- d. Approved for GDC Clinic;
 - e. Approved for Modular Surgery Unit;
 - f. Request Denied due to Insufficient Medical Information; and
 - g. Request Denied due to Lack of Medical Indication.
9. The GDC Medical Director or designee will establish protocols for telemedicine applicability;
 10. Telemedicine services will be provided in accordance with SOP 507.04.12;
 11. If the consultation request is likely to be approved based upon the clinical information provided, yet lacking a single piece of key information, the UM Nurse Analyst should contact the facility Health Services Administrator (HSA) by email or phone to request the needed information prior to making a final determination;
 12. If no response is received within seven (7) working days, the request will be approved or denied based upon the available information;
 13. If the consultation is poorly written or lacks sufficient clinical information to justify the request; or is not medically indicated, the GDC Medical Director or Nurse Analyst will deny the request and contact the facility HSA (by email or phone) and note in the comments section the specific reason for the denial;
 14. Following a non-approval by UM, if the site Medical Director believes the consultation/procedure request is still medically indicated, the clinician will resubmit the consultation with the information requested by UM, or personally contact UM to discuss the case; and
 15. All approvals will be electronically forwarded to GCHC Scheduling. Consultations which are not approved will be electronically updated for viewing by the requesting site.

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N. Scheduling Consultation/Procedure Appointments:

1. Appropriate staff will have the access rights to enter appointment dates and locations into SCRIBE;
2. The GCHC Scheduling will directly schedule all ASMP and Regional Clinic appointments;
3. If the appointment is scheduled to take place within 5 calendar days, the GCHC Scheduling Clerk will directly notify (telephone or email) the HSA or designee at the facility to enable them to prepare the offender for the appointment;
4. The GCHC Scheduling Clerk must telephone the HSA if the appointment is scheduled or canceled within 48 hours of transport;
5. The GCHC Scheduling Clerk will indicate in the Appointment Notes Section any clinical information needed by the consultant which should accompany the offender (e.g., x-rays pertaining to the injury, blood tests, NPO status, etc.);
6. The GCHC Scheduling Clerk will notify the ASMP appointments clerk/nurse of all appointments which are scheduled to take place at ASMP;
7. The GCHC Scheduling Clerk will enter the information into SCRIBE within one (1) working day;
8. The GCHC Scheduling Clerk will coordinate all unique transportation arrangements for medical appointments through Offender Administration and notify the appropriate parties;
9. A clerk/nurse at the requesting facility will schedule all local appointments, and email the information (date, time and location) to GCHC Scheduling;
10. The GCHC Scheduling Clerk will enter the information into SCRIBE within two working days of receipt;

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11. If the appointment date is changed, the site clerk/nurse will again notify the GCHC Scheduling by fax, and the information will be reentered into SCRIBE; and
12. The fax number for GCHC Scheduling is (706) 721-5779.
13. The email address to communicate with UM Appointments is Appt-ASMP@dcor.state.ga.us.

O. Monthly Statewide Consultation Utilization Report (SCUR):

1. The OHS Central Office staff will complete a Monthly Statewide Consultation Utilization Report (SCUR) for the purposes of monitoring and facilitating efficient use of these services;
2. This report will include the following information published on a monthly, quarterly and annual basis:
 - a. Total number of consultations and procedures requested by type of specialty;
 - b. Approval and denial rates by type of specialty;
 - c. Total volume of consultations and procedures performed by type of specialty and location (ASMP, Augusta area, Atlanta Medical Center and performed locally to requesting sites); and
 - d. Total number of consultations and procedures requested by facility and provider.

P. Dental and Oral Surgery Consultation Requests:

1. The Statewide Dental Director or designee will be the UM authority for review and approval/denial of all dental and oral surgery consultation(s) and/or procedures;

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2. The Statewide Dental Director or designee will coordinate scheduling with the ASMP dental staff and enter the information into SCRIBE; and
3. The GDC Medical Director or designee will seek the concurrence of the Statewide Dental Director for all decisions involving oral surgical procedures or dental matters requiring inpatient care.

Q. Private Prisons and Consultation/Procedure Requests:

1. Private prisons will submit consultation and procedure requests to a UM vendor of their choosing for review and approval;
2. Requests should be reviewed, and a disposition made within five (5) working days;
3. Clinicians will follow the same procedures in SOP 507.04.10 Consultations and Procedures to initiate consultation and procedure requests.
4. The clerk/nurse will enter the request onto the Consultation Tracking Log and into SCRIBE;
5. The clerk/nurse will submit the request to the UM company employed by the private prison;
6. The GDC UM staff will enter the disposition of the request into SCRIBE;
7. Once the appointment is completed, the clerk/nurse will close out the appointment according to procedures in SOP 507.04.10 Consultations and Procedures; and
8. Clinicians will clinically monitor patients according to procedures in SOP 507.04.10.

Note: All forms associated with this SOP may be found on GDC Intranet on Captiva under Inmate Services Division / Health Services / Physical Health / Health Record Manual Ancillary Forms.

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IV. **Attachments:** None.

V. **Record Retention of Forms Relevant to this Policy:** None.