

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Utilization Management

Policy Number: 507.04.16

Effective Date: 2/1/2022

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; and
- B. ACA Standards: 5-ACI-2C-11, 5-ACI-6A-01, 5-ACI-6A-02, 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-09, 4-ACRS-4C-03, and 4-ALDF-4D-16.

III. Definitions:

- A. **Utilization Management (UM)** - Review, authorization, and coordination of medically necessary services. UM staff may be 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.
- C. **Clinician** - Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, or Physician Assistant.

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IV. Statement of Policy and Applicable Procedures:

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;
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 contract vendor with oversight by the Office of Health Services (OHS).
2. UM availability includes timely twenty-four (24) hour response:
 - a. Staff availability normal business hours are Monday through Friday, 8:00 AM to 4:30 PM, except holidays;
 - b. All routine phone calls received will be answered before the end of the business day;

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- 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.

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 contract vendor UM 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 contract vendor will immediately notify the GDC UM Nurse Analyst to coordinate the transfer.
3. If a higher-level medical bed is needed, the GDC Statewide Medical Director or GDC UM Nurse Analyst will determine the type and location of the appropriate bed and coordinate the transfer between the respective facilities.
4. If the placement in a higher-level medical bed is necessary, the GDC Statewide Medical Director or GDC 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 contract vendor UM will contact the

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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” or other approved tracking system by the contract vendor UM.
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.
5. The contract vendor UM staff will manage hospitalizations through concurrent review. The GDC UM will coordinate discharge planning.
6. The contract vendor UM will monitor each hospitalized offender and notify the GDC UM Nurse Analyst to 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 Infirmery, Pharmacy, etc.).
8. The GDC UM Nurse Analyst will complete the Brief Hospital Discharge form and send (email or fax) to the receiving facility.
9. The contract vendor UM is responsible for reviewing the medical management of offenders who are admitted to a hospital; therefore, only the contract vendor UM should obtain medical information from the hospital.

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10. GDC facility/medical staff are not to call the hospital to inquire about the clinical condition or status.
11. Emergency Room visit for Assault:
 - a. 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.
 - b. The contract vendor UM will provide a clinical status report to the Warden, with a target of one (1) hour after arrival at the hospital; and
 - c. The GDC 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.
12. The contract vendor UM 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.
13. No GDC Facility should ever share the contact information of the contract vendor UM with offender family members.
14. Contact with an offender's family will be at the direction/discretion of the facility Warden.
15. The Warden/Superintendent or designee is responsible for family notification and coordination of visitation.
16. All family visits for hospitalized offenders will be coordinated by the Warden or designee and the facility, not by the Hospital or UM.

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17. GDC facility/medical staff are not to call contract vendor/GDC UM for updates.

18. The GDC UM Nurse Analyst or contract vendor UM 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
7. Officers on a hospital post cannot provide consent for hospital treatment. For further guidance refer to SOP 507.04.85, Informed Consent.

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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.
2. The facility's Medical Section or UM is not responsible for notification.

G. Utilization Management of Medical Bed Space:

1. The GDC and contract vendor UM 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 contract vendor UM will track the occupancy of all GDC medical beds (excluding facility bed space).
3. Site Clinician needing to transfer an offender patient to a medical bed will call the contract vendor UM Medical Director 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.

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I. Utilization Management of Regional Infirmiry Beds:

1. All external admissions to a regional infirmiry will be coordinated through the contract vendor UM staff or GDC UM.
2. When a site Clinician needs to transfer an offender to a higher-level medical bed, the contract vendor UM will be contacted.
3. If contract vendor UM determines that a regional infirmiry bed is appropriate, the site Medical Director/Clinician 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/Clinician or designee will call the receiving site Clinician to discuss the case and coordinate the transfer.
5. The sending Medical Director/Clinician 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 Clinician will admit the patient to the infirmiry.

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9. The receiving Clinician will ensure that the patients admitted to the infirmary are properly admitted, receive appropriate and timely medical care, and are discharged.
10. The UM Daily Infirmary Bed Status Report P18-0003-01 or similar approved daily report will be completed and approved by the site Medical Director/designee and faxed or emailed to the assigned GDC UM Nurse every Tuesday and Thursday.

J. Management of Observation Patients:

1. Offenders may be assigned to an infirmary bed for observation status; however, their stay may not exceed a stay greater than twenty-four (24) hours. If medical care is needed beyond 24 hours, the offender will be admitted to the infirmary.
2. Observation beds may be utilized by facility site Clinicians for medical observation of offenders for periods of less than twenty-three (23) hours;
3. Compliance with 507.04.42, Infirmary Care is required.
4. The contract vendor UM Medical Director may assign offenders requiring accommodative living to an infirmary bed when necessary.

K. UM of Consultations, Procedures and Specialty Outpatient Care: The contract vendor Medical Director will develop clinical protocols to be used by facility site Clinicians for clinical evaluation of selected medical conditions and when it is appropriate to request consultations and procedures. These protocols will comply with the GDC *“Summary of Healthcare Benefits”* (located on Captiva/Resources/Health Services Documents).

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L. Availability of Consultation and Procedure Services:

1. The GDC Statewide Medical Director will collaborate with the contract vendor Statewide Medical Direct in assessing the demand for specialty consultations and procedures, to allow an adequate supply of services according to clinical urgency.
2. The clinical need will dictate the time required to receive the ordered service; however, the waiting times should not exceed average waiting times in community practice.
3. 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.
4. The contracted vendor will ensure each patient with a pending outside consult service will be periodically monitored for deterioration until the outside consult service has been completed. IF patient condition has deteriorated, the responsible Clinician will reevaluate the level of urgency and modify the treatment plan. GDC Medical Director will be the ultimate authority to determine the acceptable time frames based on the waiting times in community practice.

M. Utilization Management Review of Consultation and Procedure Requests:

1. Consultations and procedure requests will be submitted to UM in accordance with 507.04.10, Consultations and Procedures.

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2. The Statewide Dental Director will approve all dental and oral surgery requests.
3. The contract vendor Statewide Medical Director or designee will establish protocols for telemedicine applicability.
4. Telemedicine services will be provided in accordance with SOP 507.04.12.
5. 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 reviewer should contact the requesting Clinician or facility Health Services Administrator (HSA) by email or phone to request the needed information prior to making a final determination.
6. If no response is received within seven (7) working days, the request will be approved or denied based upon the available information.
7. If the consultation is poorly written or lacks sufficient clinical information to justify the request; or is not medically indicated, the contract vendor UM Medical Director will deny the request and contact the requesting Clinician (by email or phone) and note in the comments section the specific reason for the denial.
8. 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 the contract vendor UM Medical Director to discuss the case.

N. Scheduling Consultation/Procedure Appointments:

1. Scheduling of Consultations/Procedures will be done in accordance with SOP 507.04.10 Consultations and Procedures.

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2. The facility Responsible Health Authority will coordinate all unique transportation arrangements for medical appointments through Offender Administration and notify the appropriate parties.
3. The contract vendor scheduling staff for the requesting facility will schedule all local appointments.
4. The contract vendor Scheduling Clerk will enter the information into SCRIBE within two working days of receipt.
5. If the appointment date is changed, the contract vendor scheduler for the site will reenter into SCRIBE.

O. Monthly Statewide Consultation Utilization Report (SCUR):

1. The contract vendor 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 and published on a monthly, quarterly, and annual basis:
 - a. Total number of consultations and procedures requested by type of specialty and by facility;
 - b. Approval and denial rates by type of specialty and facility;
 - c. Total volume of consultations and procedures performed by type of specialty; and
 - d. Total number of consultations and procedures requested by facility and facility Clinician.

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P. Dental and Oral Surgery Consultation Requests:

1. The GDC 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.
2. The GDC Statewide Dental Director or designee will coordinate scheduling with the ASMP dental staff and enter the information into SCRIBE.
3. The contract vendor UM 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. Once the appointment is completed, the clerk/nurse will close out the appointment according to procedures in SOP 507.04.10, Consultations and Procedures.

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7. Clinicians will clinically monitor patients according to procedures in SOP 507.04.10, Consultations and Procedures.

Note: All forms associated with this SOP may be found on GDC Intranet on Captiva/Resources/Health Services Documents/02 Physical Health/Health Record Manual/Ancillary Forms.

V. **Attachments:** None.

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