PURPOSE
The goal of Utilization Review (UR) is to conduct systematic and regular reviews of appropriateness and efficiency (cost and outcome) of services provided and/or authorized by the Division.

POLICY STATEMENT
The Utilization Review Committee:
- develops an annual Utilization Review Plan;
- reviews proposed or revised performance measures related to appropriateness and efficiency;
- reviews aggregate system measures related to appropriateness and efficiency which are prepared by the appropriate unit staff;
- reviews quarterly reports of utilization and fiscal performance produced by the Program Administration Information management unit;
- makes recommendations to Leadership regarding major improvements related to appropriateness and efficiency;
- supports unit staff in continuous improvement activities; and
- reports to Leadership regarding system performance.

Clinical necessity, appropriateness, and efficiency of use of resources on an individual case basis are addressed in policy CS004. For purposes of Medicaid compliance, Clinical Services Management (CSM) is the designee of the UR Committee.

COMMITTEE MEMBERS
The Division Director will appoint the Chairperson and committee members. Representation will include representation from Intake and Clinical Services Management, Specialized Services, Prevention, Provider Services, Quality Assurance/Quality Improvement, and a psychiatrist. Stakeholders in topic areas may be invited to participate.

Please note, effective February 2012, the Committee members made recommendations to change the name from Utilization Management to Utilization Review as the committee does not manage but rather makes recommendations based off of presented information and data.