

To: March 27, 2019

CYF Memo: # 08 -18/19

To: CYF Mental Health Treatment Programs

From: Yael Koenig, CYF Deputy Director

Re: Updated Utilization Management (UM) Request

In an effort to streamline documentation and align with the new Outcome Tools, CANS (Child and Adolescent Needs and Assessment) and PSC (Pediatric Symptom Checklist), CYF has updated the following:

- UM Request Form
- UM Request Explanation
- Process for COR level approval

As a reminder, programs should have an internal tracking mechanism to ensure UM requests are submitted in a timely fashion. Additionally, all UM Request(s) should be filed in client's hybrid medical record.

COR level requests must be sent through secure email and agencies are encouraged to establish a secure email connection with the County through Transport Layer Security (TLS).

All programs can start using the updated UM Request Form immediately and are expected to utilize no later than April 15, 2019.

Please review the attached updated forms and contact your COR if you have any questions.

Attachment: Utilization Management (UM) Request Form
Utilization Management (UM) Request Explanation

Cc: County of San Diego Performance Improvement Team
County of San Diego Quality Management
Optum

UTILIZATION MANAGEMENT (UM) REQUEST CYF - Outpatient Treatment	
FOR COR SUBMISSION THE CLIENT NAME AND NUMBER MUST BE REDACTED (utilize initials vs. full client name)	
A. Program UM Cycle: <input type="checkbox"/> Program follows a STANDARD session based UM Cycle (13 or 18 initial treatment session, followed by Program UM for up to an additional 13 or 18 treatment session, and requiring COR UM review and approval for any additional treatment sessions). <input type="checkbox"/> Program follows a MODIFIED UM Cycle (time based or extended sessions) approved by COR (<i>written exception on file</i>). The UM time based cycle is months. The UM is a session cycle.	
B. UM Level Request: <input type="checkbox"/> This is a Program Level UM request <input type="checkbox"/> This is a COR Level UM request - number of treatment sessions received to date: <input type="checkbox"/> Initial COR Level UM request <input type="checkbox"/> Prior COR Level UM requests – attach prior correspondence and approval	
C. CURRENT SERVICES: <input type="checkbox"/> Therapy <input type="checkbox"/> CM/ICC <input type="checkbox"/> Rehab/IHBS <input type="checkbox"/> Meds Youth/family requesting additional services? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other Explain:	ADMISSION DATE: DIAGNOSIS: <input type="checkbox"/> Pathway Enhanced (Subclass) DESCRIPTION OF SYMPTOMS:
D. Psychiatric Hospitalizations: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Provide most recent dates of hospitalization and relevant history when applicable:</i> Other Behavioral Health Services Client is Receiving when applicable:	
E. Child and Adolescent Needs and Strengths (CANS) Date of most current CANS (Required at UM Cycle): Number of CANS ‘High Need’ Items (from current Assessment Summary): Number of CANS ‘Help is Needed’ Items (from current Assessment Summary): List the CANS ‘Strengths to Leverage’ Items (from current Assessment Summary): <input type="checkbox"/> CANS Assessment Summary is available for UM reviewer	
F. Pediatric Symptom Checklist (PSC) Date of most current Parent PSC (Required at UM Cycle): Total Scale Score (0-70 scale, with 28 or higher indicating impairment): <input type="checkbox"/> Parent did not complete Date of most current Youth PSC (Required at UM Cycle): Total Scale Score (0-70 scale, with 30 or higher indicating impairment): <input type="checkbox"/> Not applicable, child is 10 years old or younger <input type="checkbox"/> Youth did not complete <input type="checkbox"/> PSC Assessment Summary is available for UM reviewer	
G. <input type="checkbox"/> Updated Client Plan completed prior to UM request (reviewed by Program UM Committee)	
H. RATIONALE FOR ADDITIONAL SERVICES:	

I. PRIMARY ELIGIBILITY CRITERIA:

- ☐ Client continues to meet **Medical Necessity** and demonstrates benefit from services
- ☐ CANS indicate at least one actionable need (rated 2 or 3) on the 'Child Behavioral and Emotional Needs', 'Risk Behaviors' OR 'Life Functioning'
- ☐ Client meets the criteria for **Serious Emotional Disturbance** based upon the following:
 As a result of a mental disorder the child has substantial and persistent impairment in at least two of the following areas:
- ☐ Self-care and self-regulation
 - ☐ Family relationships
 - ☐ Ability to function in the community
 - ☐ School functioning
- AND One of the following occurs:**
- ☐ Child at risk for removal from home due to a mental disorder
 - ☐ Child has been removed from home due to a mental disorder
 - ☐ Mental disorder/impairment is severe and has been present for six months, or is highly likely to continue for more than one year without treatment.
- OR The child displays:**
- ☐ acute psychotic features (within the last month)
 - ☐ imminent or recent high risk for suicide (within the last month)
 - ☐ imminent or recent high risk of violence to others due to a mental disorder (within the last month)

J. SECONDARY ELIGIBILITY CRITERIA – Required for COR Level Approval:

- ☐ Client has met the above criteria as indicated **AND** meets a minimum of one of the following Current Risk Factor related to child's primary diagnosis:
- ☐ Child has been a danger to self or other in the last month
 - ☐ Child experienced severe physical or sexual abuse or has been exposed to extreme violence in the last month
 - ☐ Child's behaviors are so substantial and persistent that current living situation is in jeopardy
 - ☐ Child exhibited bizarre behaviors in the last month
 - ☐ Child has experienced traumatic event within the last month
 - ☐ Current PSC Youth or Parent indicates overall impairment (28 or higher for parent / 30 or higher for youth)
 - ☐ Other

K. Proposed Treatment Modalities:

- | | |
|--|--|
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Collateral Services |
| <input type="checkbox"/> Case Management/ICC | <input type="checkbox"/> Rehab/IHBS |
| <input type="checkbox"/> Medication Services | <input type="checkbox"/> Other |

L. Expected Outcome and Prognosis:

- ☐ Return to full functioning
- ☐ Expect improvement but less than full functioning
- ☐ Relieve acute symptoms, return to baseline functioning
- ☐ Maintain current status/prevent deterioration

M. REQUESTED NUMBER OF SESSIONS:**REQUESTED NUMBER OF MONTHS:**
(for programs under written COR approval)

N. Requestor's Name, Credential: _____ Date: _____

O. UM DETERMINATION / APPROVAL**Program UM Committee (always required)**

- ☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved **Sessions/Time Approved:** _____ **OR**
☐ Supports COR Level UM Request ☐ Does not supports COR Level UM Request ☐ Other:

Approver's Name, Credential: _____ Date: _____

Comments:

COR Level (when applicable) ☐ Applicable ☐ Not Applicable

- ☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved ☒ Retro UM Approval

Sessions/Time Approved: _____ **Date:** _____

Program transcribes COR determination onto form and attaches COR determination correspondence

**County of San Diego Mental Health Plan
UTILIZATION MANAGEMENT (UM) REQUEST
Children's Mental Health Outpatient Treatment Programs**

2019

REQUEST COMPLETED BY:

- Licensed/Waivered Psychologist
- Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- Licensed/Registered Professional Clinical Counselor
- Physician (MD or DO)
- Nurse Practitioner

APPROVAL COMPLETED BY:

- Program Manager/Program UM Committee
- COR level request must first be reviewed and approved at program level UM Committee
- COR or Designee

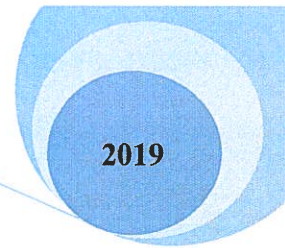
COMPLIANCE REQUIREMENTS:

- Clinicians are expected to clearly explain the short term treatment model and UM process for additional services based on need to client/families upon intake.
- Prior to expiration of the current UM Cycle, programs are expected to complete a UM Request to receive approval for providing additional outpatient and case management services to clients.
- COR level UM requests will be submitted via email attached through secure email (Transport Layer Security [TLS] or encrypted) removing identifiable information (Client initials only).
- UM Request Form must have all required elements (listed below) completed within the form.
- In addition to completing the UM form, the following tasks are required prior to submitting the request:
 - Updated CANS are entered in CYF mHOMS
 - Updated PSC-35 are entered in CYF mHOMS
 - Client Plan must be reviewed and new client signatures need to be obtained

DOCUMENTATION STANDARDS:

- A. Program UM Cycle:** Identify if program follows a session based (13 or 18 session model) or modified UM Cycle (time based or extended session model).
- B. UM Level Request:** Identify if request is Program or COR level request.
- C. Current Services:** Identify current services, admission date, diagnosis, Pathways status, current symptoms and if youth/family is requesting additional services.
- D. Psychiatric Hospitalizations:** Provide information pertaining to recent hospitalizations; including most recent date(s) and other services client is receiving when applicable.
- E. Child and Adolescent Needs and Strengths:** Provide completion date of CANS for current UM request. Utilize information from CYF-mHOMS CANS Assessment Summary to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the Strengths from the assessment summary that could be leveraged to meet treatment goals and reduce symptomology.
- F. Pediatric Symptom Checklist:** Provide completion date of PSC and PSC-Y (when applicable) for current UM request. Utilize information from the CYF mHOMS PSC Assessment Summary to identify the total scale score for both the Parent PSC and Youth PSC. If the Parent PSC or Youth PSC was not completed for the current UM request, indicate on form.
- G. Updated Client Plan:** Must update the client plan in CCBH prior to initiating the UM request. The updated client plan must be reviewed by Program UM Committee and presented to the youth/family for input and signatures.

County of San Diego Mental Health Plan
UTILIZATION MANAGEMENT (UM) REQUEST
Children's Mental Health Outpatient Treatment Programs



- H. Rationale for Additional Services:** Describe the symptomology that aligns with medical necessity for additional services. The rationale should support the eligibility criteria identified in Section I or J.
- I. Primary Eligibility Criteria:** First three items (Medical necessity, CANS and SED criteria) must be completed. An additional risk factor must be identified for 1) having the potential to occur due to a mental disorder or 2) has been displayed in past month by the client.
- J. Secondary Eligibility Criteria (COR level approval):** COR level request must have primary eligibility fulfilled and one current risk factor related to the youth's primary diagnosis to support the request for additional services.
- K. Proposed Treatment Modalities:** Select the proposed treatment modalities to mitigate current risk factors.
- L. Expected Outcome and Prognosis:** Select the projected functioning level from providing the additional services.
- M. Requested Number of Sessions or Months:** Identify the amount of sessions or time needed to achieve expected outcome.
- N. Requestor Name and Credential:** Type in requestor's name and date.
- O. UM Determination/Approval:** Program UM Committee selects the approval status, indicates amount of sessions/time approved, approver's name and date or COR Level; program will fill in approval status based on COR determination, amount of sessions/time approved, COR Name and date approved.

NOTES:

- Retroactive approval must be established at a COR level exception including when UM request is at program level (the program must contact the COR when a client has no UM in place).
- Utilization Management is a non-billable activity. Therefore, there is no billing for preparation of the UM form or for the UM review time spent on the case. UM is an administrative function.