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:

☐ Program follows a **STANDARD session-based UM Cycle** (14 or 19 initial treatment session, followed by Program UM for up to an additional 14 or 19 treatment session, and requiring COR UM review and approval for any additional treatment sessions).

☐ Program follows a **MODIFIED UM Cycle** (time-based or extended sessions) approved by COR *(written exception on file)*.
The UM time-based cycle is _____ months.
The UM is a _____ session cycle.

B. UM Level Request:

☐ This is a Program Level UM request

☐ This is a COR Level UM request - number of treatment sessions received to date: _____

☐ Initial COR Level UM request

☐ Prior COR Level UM requests – attach prior correspondence and approval

C. CURRENT SERVICES:

☐Therapy ☐CM/ICC ☐Rehab/IHBS ☐Meds

Youth/family requesting additional services?

☐ YES ☐ NO ☐ Other

Explain: _____

ADMISSION DATE: _____

DIAGNOSIS: _____

☐ Pathway Enhanced (Subclass)

DESCRIPTION OF SYMPTOMS: _____

D. Psychiatric Hospitalizations: ☐ YES ☐ NO

Provide most recent dates of hospitalization and relevant history when applicable:

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 rated a '3') (*from current Assessment Summary)*: _____

Number of CANS 'Help is Needed' (items rated a '2') (*from current Assessment Summary)*: _____

List the CANS 'Strengths to Leverage' items (*from current Assessment Summary)*: _____

☐ *CANS Assessment Summary is available for UM reviewer*

F. Pediatric Symptom Checklist (PSC): (*Required at UM Cycle)*

Date of most current Parent PSC: _____

☐ Parent did not complete

Date of most current Youth PSC: _____

☐ Not applicable, child is 10 years old or younger

☐ Youth did not complete

	Parent PSC Score	Youth PSC Score	Clinical Cutoff Score
Attention Problems Subscale (0-10)	_____	_____	At-Risk if score is 7 or higher
Internalizing Problems Subscale (0-10)	_____	_____	At-Risk if score is 5 or higher
Externalizing Problems Subscale (0-14)	_____	_____	At-Risk if score is 7 or higher
***Total Scale Score**	_____	_____	

***Parent:** *Total score of 28 or higher for ages 6-18 or scale score of 24 or higher for ages 3-5 indicates impairment*
***Youth:** *Score of 30 or higher for ages 11-18 indicates impairment*

☐ *PSC Assessment Summary is available for UM reviewer*

G. ☐ **Updated Client Plan completed prior to UM request** (reviewed by Program UM Committee)

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H. CLINICAL CONSIDERATIONS FOR CONTINUED SERVICES: _____

Check all that apply:

Current CANS indicate at least one actionable need (rated 2 or 3) on the following domain(s)

- ☐ 'Child Behavioral and Emotional Needs'
- ☐ 'Risk Behaviors'
- ☐ 'Life Functioning'

As a result of a mental disorder the child has substantial and persistent impairment in the following areas (WIC 5600.3 SED):

- ☐ Self-care and self- regulation
- ☐ Family relationships
- ☐ School functioning
- ☐ Ability to function in the community

The following has occurred:

- ☐ 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.

The child displays:

- ☐ psychotic features
- ☐ risk of suicide
- ☐ risk of violence to others due to a mental disorder

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 _____

Expectation is that proposed intervention will:

- ☐ not be responsive to physical health care-based treatment
- ☐ significantly diminish the impairment
- ☐ prevent significant deterioration in an important area of life functioning
- ☐ allow the child to progress developmentally as individually appropriate

The focus of proposed intervention will address identified impairment in following fashion: _____

I. ELIGIBILITY CRITERIA:

Child meets Title 9 Medical Necessity in the following manner: _____

Specify how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210): _____

J. Proposed Treatment Modalities:

- ☐ Family Therapy
- ☐ Individual Therapy
- ☐ Case Management/ICC
- ☐ Medication Services
- ☐ Group Therapy
- ☐ Collateral Services
- ☐ Rehab/IHBS
- ☐ Other

K. 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

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L. REQUESTED NUMBER OF SESSIONS: _____	**REQUESTED NUMBER OF MONTHS:** _____ (for programs under written COR approval)
M. Requestor's Name, Credential: _____ Date: _____	
N. 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	