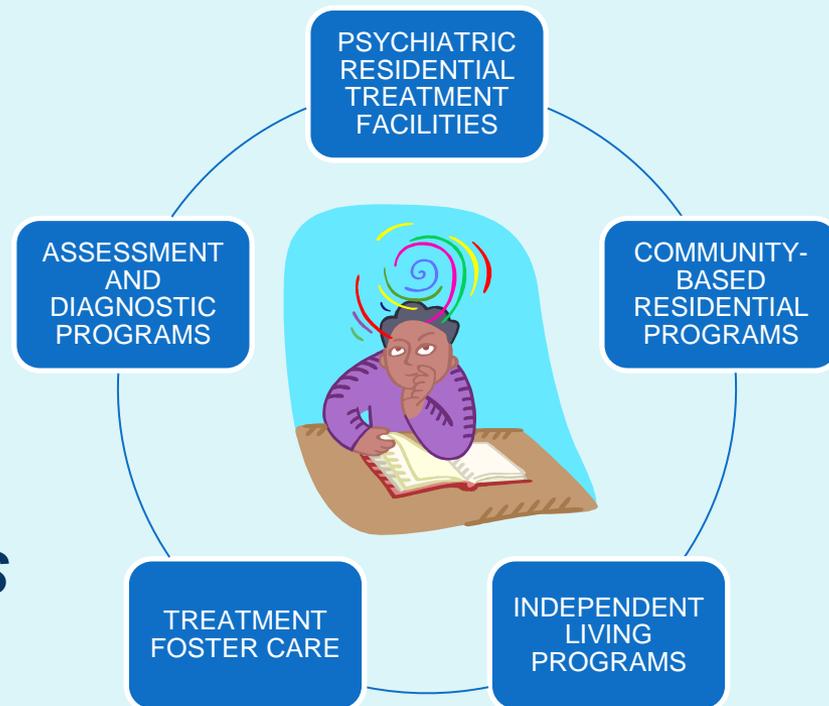


# WHERE DO “U” FIT INTO THE UM PROCESS?

***Mills Jones, MSW***  
***CSA Director***  
***Goochland County***

***Sherri McFaden, M.Ed, MS***  
***CSA Utilization Manager***  
***Prince William County***



# PRINCE WILLIAM COUNTY CSA



**CSA Staff: 1 CSA Director  
2 UM Coordinators  
2 Admin Staff**

**Budget: 7.5M**

**March 2013**



## **GOOCHLAND COUNTY CSA**

**CSA Staff: CSA Director**

**Budget: \$ 750,000**

## CSA POPULATION

	Goochland	Prince William
Residential Treatment Centers	3	43
Community-Based Residential	1	17
Treatment Foster Care	6	6
Family Foster Care	20	89
SPED Private Day	6	25
CSA Other	0	475+
Total Youths Served	36+	700+

**March 2013**

 **OBJECTIVES**

- ***Utilization Management***
  - Definition
  - Role of Case Manager
  - Role of UM CSA
- ***Identify Different Levels Of Service For Youth and Their Families***
  - Psychiatric Residential Treatment Facilities
  - Community-Based Residential Programs
  - Assessment and Diagnostic Programs
  - Independent Living Programs
  - Treatment Foster Care
- ***Become Familiar With Basic Standards Of Service For Providers***
- ***Review Basic Service Requirements***
- ***Identify Key Areas To Evaluate Service Quality***

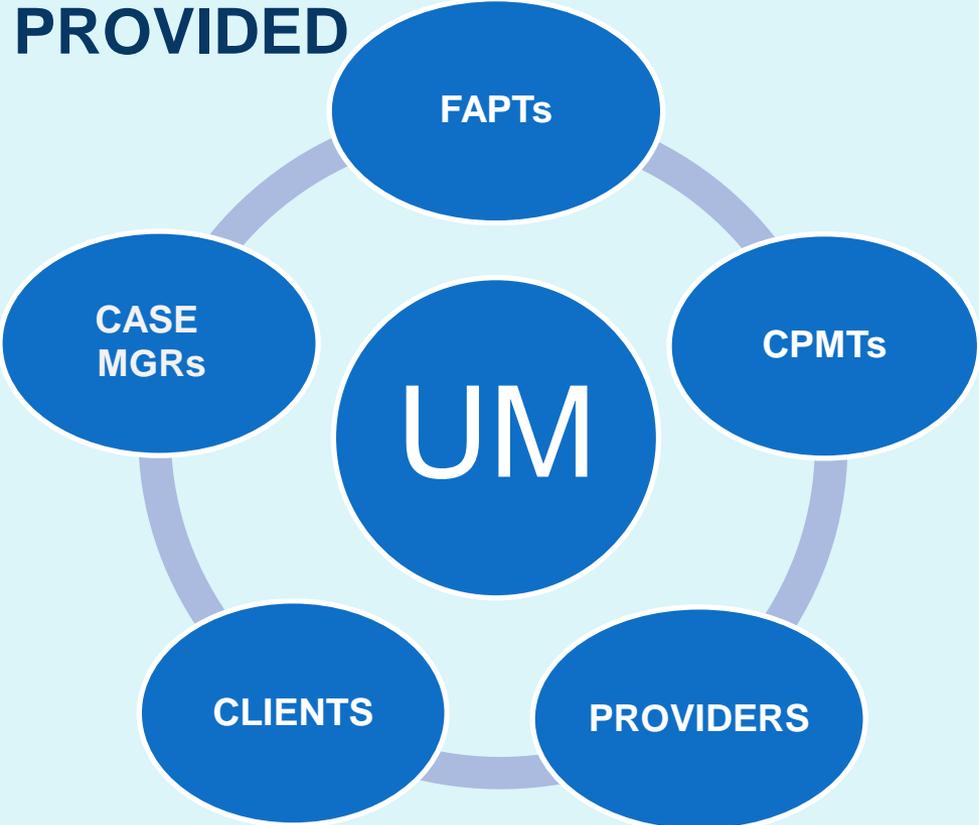
# UTILIZATION MANAGEMENT

*Definition:*

**THE EVALUATION OF ALL SERVICES CONSIDERED, APPROVED, AND PROVIDED**

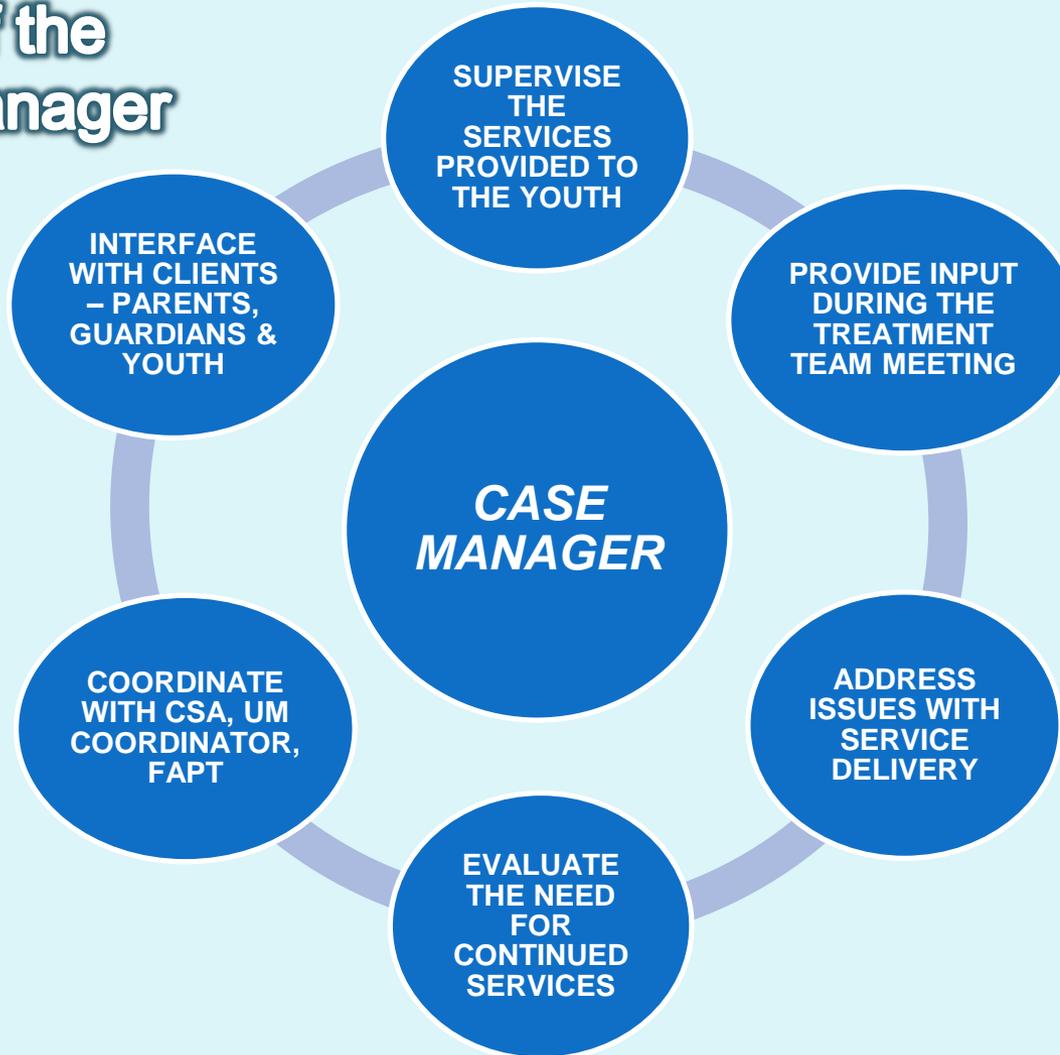


**QA & COMPLIANCE WITH STATE AND LOCAL POLICIES AND PROCEDURES**



# UTILIZATION MANAGEMENT

## Role of the Case Manager



# LIST OF UM ACTIVITIES

**Tx. TEAM MTGS**

**OUTCOME MEASURES**

## **NEEDS VS. SERVICES**

**PAPER REVIEW  
CANS  
CON  
RECORDS  
MEDICAID  
VEMAT**

**REVIEW REPORTS**

**LIAISON BETWEEN  
PROVIDERS  
AND CASE MANAGERS**

**FAPTS**

***“DO THEY MATCH?”***

**SITE VISITS**

**CASE STAFFING**

# UTILIZATION MANAGEMENT

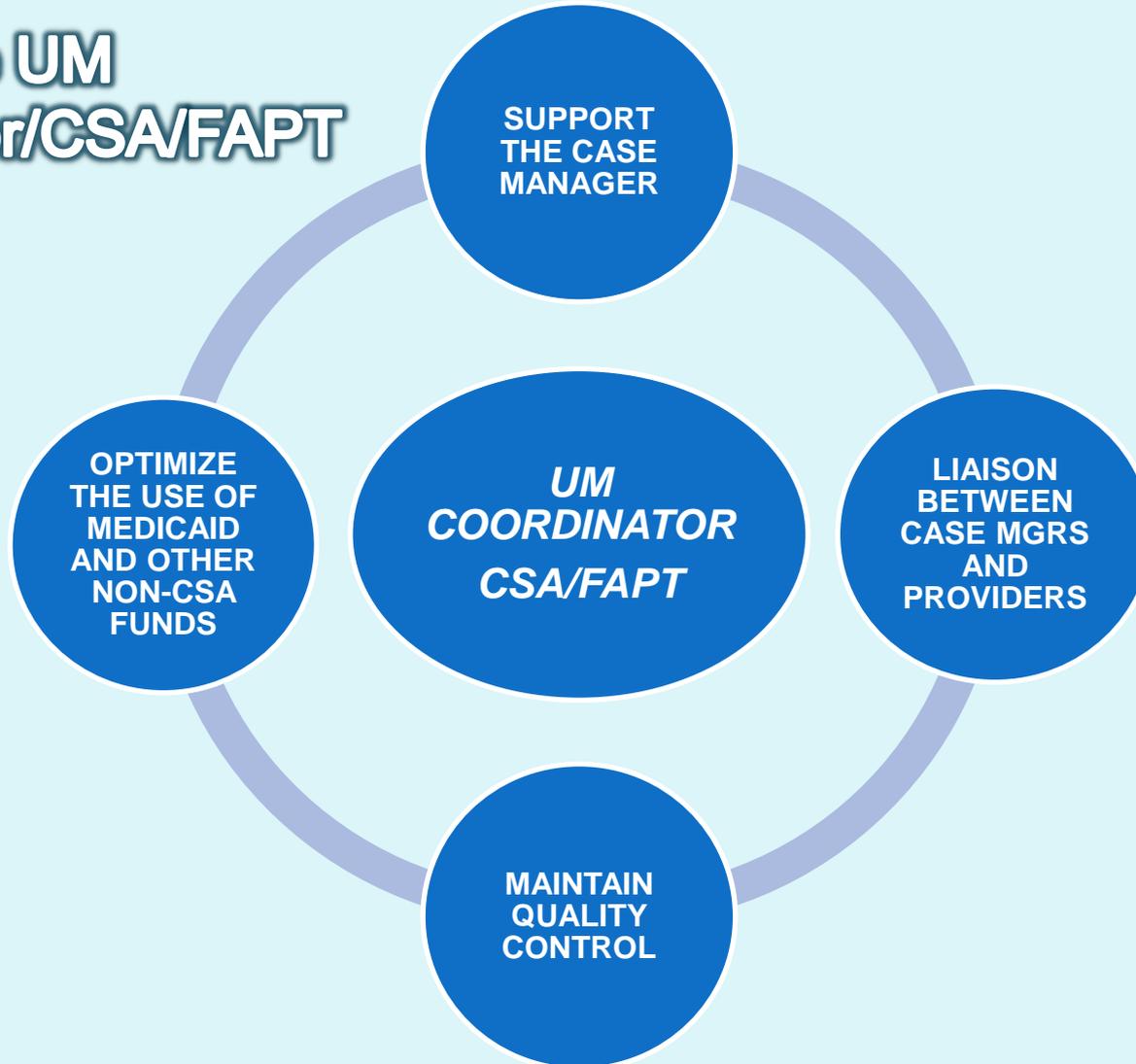
## QUESTIONS FOR ALL LEVELS OF SERVICE



- ✓ Are Goals And Services Specific To The Needs Of The Youth?
- ✓ Does The Discharge Plan Match The FAPT/Court Approved Plan And Lead To A Step-Down To A Lower Level Of Care?
- ✓ Is The Family Actively Involved In Treatment Planning And Service Provision? (Treatment Teams, Staffing, Etc).
- ✓ Is The Youth Making Progress Towards Meeting The Criteria For Completing Their Goals?
- ✓ What Is The Program Doing To Help The Youth Reach Their Goals?
- ✓ If The Youth Is Not Making Progress, What Program Changes Will Be Made To Assist The Youth To Get On Track?
- ✓ Is The Discharge Plan Realistic – Not Based On Program Length?

# UTILIZATION MANAGEMENT

## Role of the UM Coordinator/CSA/FAPT





# **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES**

# PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

## EXAMPLES

### Program Designs

House Style

Campus Style

Psych Facility (locked)

Psych facility w/ acute

### Provider Examples

Fair Winds

UMFS

Hallmark

Poplar Springs

***\* Education Services Provided on-site \****

### FOR MORE INFORMATION SEE:

TFC : <http://www.dss.virginia.gov/facility/search/cpa.cgi>

Level A Residential Homes (DSS License): <http://www.dss.virginia.gov/facility/search/crf.cgi>

Mental Health Licensing for Residential Treatment Centers and Level B homes :  
<http://lpss.dbhds.virginia.gov/>

# PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

## INPUTS

CASE MANAGER  
FAPT  
YOUTH  
YOUTH'S PARENTS  
LEGAL GUARDIANS  
OTHER RESPONSIBLE PARTIES



COMPLETED BY THE 14<sup>TH</sup> DAY  
AFTER ADMISSION

*COMPREHENSIVE  
PLAN OF CARE*

INITIAL PLAN OF CARE  
(COMPLETED AT ADMISSION)



# PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

- Therapy –  
21 sessions/week

- Family Therapy-  
Minimum Twice/month

\* Case Manager should address the issue if family is not participating in therapy \*

- Discharge Planning: Active treatment and comprehensive planning for aftercare services. Planning for discharge, placement, and treatment must begin at admission.



# PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

- ***Treatment Plan Reviews:*** The treatment plan must be updated every 30 days and revised to address goals achieved, unresolved problems, and any new problems which have arisen.

## ***PARTICIPANTS***

RTC STAFF  
CSA CASE MANAGER  
YOUTH  
FAMILY

UM COORDINATOR/CSA

- participate in treatment planning
- conduct on-site visits
- review youth's charts
- conduct interviews
- address issues

# PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

## *THERAPEUTIC PASSES*

- Therapeutic passes are permitted if the goals of the pass is ***part of the master treatment plan***. The goals of a particular visit must be documented prior to granting the pass and, on return, its effects must be documented.
- Passes should begin with ***short lengths of time (e.g., 2-4 hours)*** and progress to a ***day pass***. The function of the pass is to assess the recipient's ability to function outside the structured environment and to function appropriately within the family and community.
- ***Overnight passes*** may occur only after the completion and documentation of successful day passes and as a part of the discharge plan. No more than 18 days of therapeutic leave annually are billable. Days of leave are counted from the date of admission to Medicaid-covered service.

# **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES UTILIZATION REVIEW**

## ***SPECIFIC QUESTIONS TO ASK***



- ✓ **ARE THE YOUTH AND FAMILY ACTIVELY PARTICIPATING IN THERAPY?**
- ✓ **ARE THE EDUCATIONAL SERVICES FOLLOWING THE IEP?**
- ✓ **WHAT IS THE STATUS OF YOUTH'S MEDICAID?**
- ✓ **IS THERE ADEQUATE COMMUNICATION WITH THE REFERRAL SOURCE?**
- ✓ **IS THE FACILITY SAFE AND CLEAN?**
- ✓ **WHAT ACTIONS WERE TAKEN AND ARE PLANNED THAT SUPPORT THE DISCHARGE PLAN?**

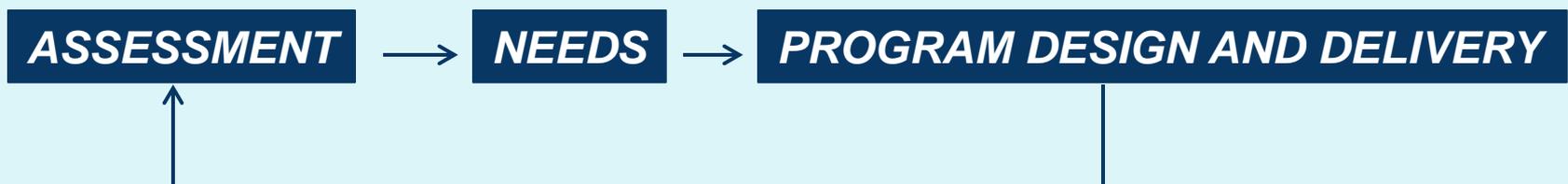


# **ASSESSMENT AND DIAGNOSTIC PROGRAMS**

# ASSESSMENT AND DIAGNOSTIC PROGRAMS

## OVERVIEW

- 30-90 day program designed to assess the emotional, behavioral, educational, and medical needs of youth.
- Designed for youth new to care or youth who have not responded well to traditional interventions (e.g. Therapy, Intensive In-Home Services, Medication Management).
- Program should respond to the needs of the youth (and family).



# ASSESSMENT AND DIAGNOSTIC PROGRAMS

## EXAMPLES

### RESIDENTIAL



Grafton, North Spring  
Newport News Beh. Ctr



*Residential cost may be  
Medicaid reimbursed*

### GROUP HOME



Kids in Focus  
Intercept - Fresh Start



*Partial Medicaid  
reimbursement*

# ASSESSMENT AND DIAGNOSTIC PROGRAMS UTILIZATION REVIEW

## *SPECIFIC QUESTIONS TO ASK*

- ✓ Are The Program's Recommendations Congruent With Your CSA Policies, Practices, And Fiscal Resources?
- ✓ Is The Recommendation Youth Specific?
- ✓ If So, Are The Case Manager And FAPT Providing The Appropriate Services For The Youth And Family?
- ✓ If Not, Are The Case Manager And FAPT Providing Appropriate Justification For Alternative Services?
- ✓ Are The Alternative Services Addressing The Youth's Needs?





**COMMUNITY-BASED RESIDENTIAL PROGRAMS  
GROUP HOMES**

# COMMUNITY - BASED RESIDENTIAL FACILITIES

## OVERVIEW

### *DSS Licensed Facility*

- Average 4-8 beds/home
- **1:8 staffing ratio (Min)**
- **Outpatient therapy- weekly**
- Independent Living Curriculum
- Requires Quarterly Treatment Plan reviews
- **Can accept indigent youth w/o mental health issues**
- **IQ 70+**
- Awake supervision required

Most are partially Medicaid Funded

### *DBHDS (Mental Health) Licensed Facility*

- Average 4-8 beds/home.
- **Min. 1:6 Staffing ratio**
- **Therapy provided on site- weekly**
- Independent Living Curriculum
- Requires Quarterly Treatment Plan reviews
- **Must have DSM-IV diagnosis.**
- Awake supervision required

All are partially Medicaid funded

# COMMUNITY - BASED RESIDENTIAL FACILITIES

## ***DEVELOPING THE PLAN AND PROGRESS REPORT***

***There shall be documentation showing the involvement of the following parties, unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report. Who should participate?***

**The Resident**

**The Resident's Family, If Appropriate, And Legal Guardian**

**The Case Manager**

**Facility Staff**

**UM Coordinator**



# **COMMUNITY - BASED RESIDENTIAL FACILITIES**

## **INDIVIDUALIZED SERVICE PLANS**

*Individualized service plans shall be developed within 30 days following admission and describe in measurable terms the:*

- **Strength And Needs Of The Resident**
- **Resident's Current Level Of Functioning**
- **Goals, Objectives And Strategies Established For The Resident**
- **Projected Family Involvement**
- **Projected Date For Accomplishing Each Objective**
- **Status Of The Projected Discharge Plan And Estimated Length Of Stay**

# **COMMUNITY - BASED RESIDENTIAL FACILITIES**

## ***REVIEWS***

**A documented quarterly review of each resident's progress towards completion of the initial service plan and within each 90-day period thereafter assessing:**

- Resident's Progress Toward Meeting The Plans Objectives**
- Family's Involvement**
- Continuing Needs Of The Resident**
- Resident's Progress Towards Discharge**
- Status Of Discharge Planning**

# **COMMUNITY - BASED RESIDENTIAL FACILITIES UTILIZATION REVIEW**

## ***SPECIFIC QUESTIONS TO ASK***



- ✓ **Is The Child Receiving Therapy As Prescribed?**
- ✓ **Are Psycho-Educational Activities Documented?**
- ✓ **Are Independent Living Services Provided?**
- ✓ **Are Services Being Provided According To Regulations?**
- ✓ **Are The Family And Case Managers Actively Involved In Treatment Planning And Service Provision?**
- ✓ **Does The Provider Offer A Clean, Safe, Therapeutic Environment?**



# **INDEPENDENT LIVING PROGRAMS**

# INDEPENDENT LIVING PROGRAMS

## *TYPES*

- **APARTMENT STYLE - DSS Licensed Child Placing Agency or Unlicensed**
- **GROUP HOME – Licensed or Unlicensed**

# **INDEPENDENT LIVING PROGRAMS UTILIZATION REVIEW**

## ***SPECIFIC QUESTIONS TO ASK***

- ✓ **Is The Youth Abiding By The Rules Of The Program?**
- ✓ **Is The Youth Working And/Or In School?**
- ✓ **Is The Youth Maintaining A Savings Account?**
- ✓ **What Independent Living Skills Are Being Taught?**
- ✓ **What Is The Plan For Discharge From The Program?**
- ✓ **Are Goals And Services Based On The Ansell Casey Life Skills Assessment?**
- ✓ **Does the level of supervision meet the youth's needs?**





# **TREATMENT FOSTER CARE**

## **TREATMENT FOSTER CARE**

**Treatment foster care involves placement of children with foster families who have been specially trained to care for children with certain medical or behavioral needs.**

**Examples include medically fragile children, children with emotional or behavioral disorders, and HIV+ children.**

**Treatment foster care programs generally:**

- Require more training for foster parents;**
- Provide more support for children and caregivers than regular family foster care;**
- Have lower limits on the number of children that can be cared for in the home.**

**Therapeutic foster care is preferred over residential or group care because it maintains children in a family setting.**

# **TREATMENT FOSTER CARE**

## ***CHILD PLACING AGENCIES (TFC)***

- ★ **CHILD PLACING AGENCIES ARE LICENSED BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES.**
- ★ **ALL CONTRACTED PROVIDERS SHOULD ALSO MEET MEDICAID REQUIREMENTS FOR CASE MANAGEMENT.**

# **TREATMENT FOSTER CARE**

## ***TREATMENT FOSTER CARE SERVICES***

- **Coordination Of The Treatment Team**
- **Smaller Caseloads (6-12 Youth Per TFC Agency Case Manager)**
- **Development Of Treatment Plan And Monthly/Quarterly Updates**
- **Supervise the Implementation Of Treatment Services:  
Ex: Medical, Educational, Psychiatric, Psychological, Family  
Contact**
- **Provide 24-Hour On Call Services To Families.**

# **TREATMENT FOSTER CARE**

## **CLIENT CONTACTS (MEDICAID REQUIREMENTS FOR THE TFC AGENCY CASE MANAGER)**

***There shall be face-to-face contact between the case manager and the child, based upon the child's treatment and service plan and as often as necessary, to ensure that the child is receiving safe and effective services.***

***Face-to-face contacts shall be no less than twice a month, one of which shall be in the foster home. One of the contacts shall include the child and at least one treatment foster parent and shall assess the relationship between the child and the treatment foster parents.***

***The contacts shall assess the child's progress, provide training and guidance to the foster parents, monitor service delivery, and allow the child to communicate concerns.***

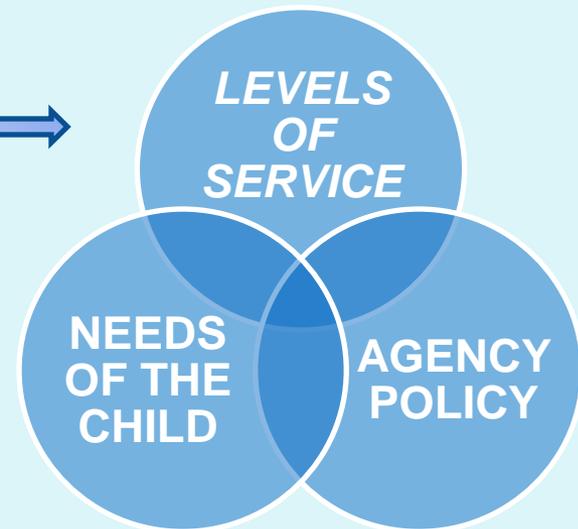
***Children who are able to communicate shall be interviewed privately at least once a month.***

# TREATMENT FOSTER CARE

## LEVELS OF CARE

- **TFC Agencies Have Different Levels Of Service Depending On The Documented Needs Of The Child. This Varies From Agency To Agency.**

- **Levels Generally Differ**
  - **In Amount Of Client Contact**
  - **Collateral Services**
  - **On-call Services Provided**



- **Levels Should Drop As The Service Needs Decrease.**

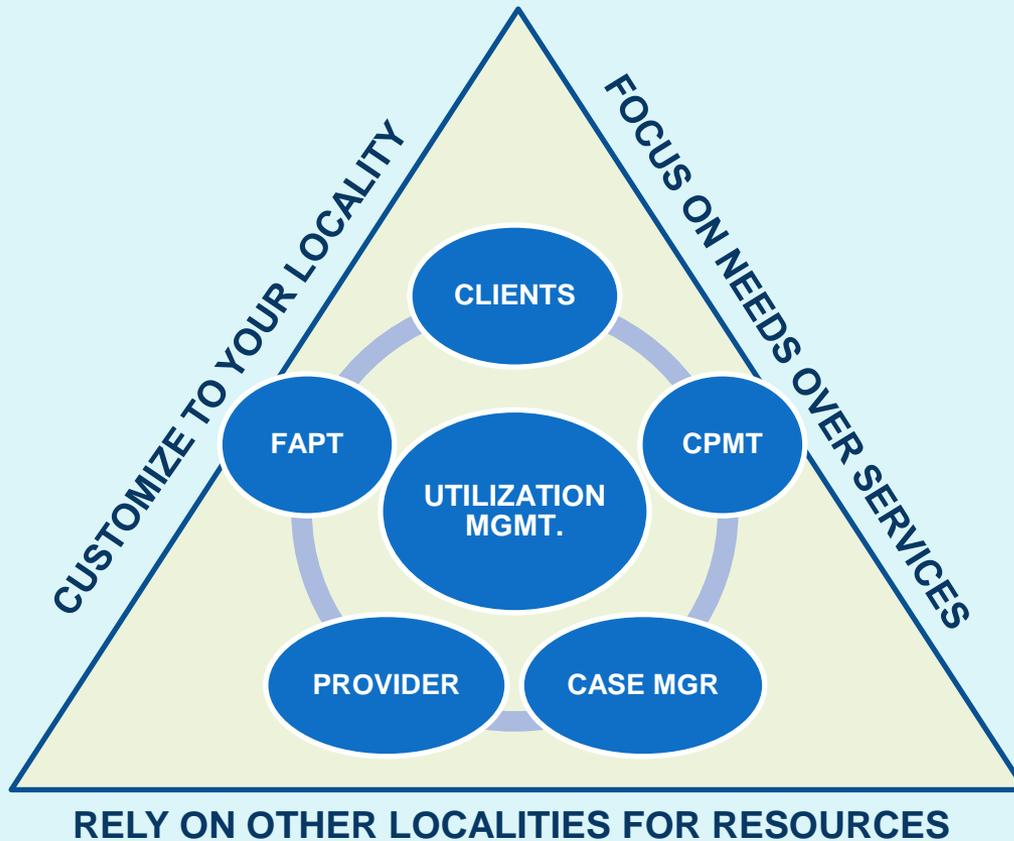
# **TREATMENT FOSTER CARE UTILIZATION REVIEW**

## ***SPECIFIC QUESTIONS TO ASK***

- ✓ **Is The Agency Making The Required Number Of Client Contacts?**
- ✓ **Are Treatment Goals Monitored During Home Visits?**
- ✓ **Are Independent Living Services Provided?**
- ✓ **How Active Are The TFC Parents In The Child's Treatment?**
- ✓ **Does The TFC Home Meet The Child's Needs?**
- ✓ **If Appropriate, Does The TFC Family Interact With The Biological Family?**



## SUMMARY - UM ACTIVITIES



# RESOURCES

# SERVICE LEVEL OVERVIEW

<b>PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (LEVEL C)</b>	<b>COMMUNITY BASED RESIDENTIAL SERVICES (LEVEL B)</b>	<b>COMMUNITY BASED RESIDENTIAL SERVICES (LEVEL A)</b>	<b>COMMUNITY BASED RESIDENTIAL SERVICES – NON MEDICAID</b>
DBHDS Licensed	DBHDS Licensed	DSS, DJJ or DOE Licensed	DSS, DJJ, and/or DOE Licensed
Clinical Treatment Team milieu	Staff ratio – 1 to 4 youth	Staff ratio – 1 to 6 youth	Staff ratio – 1 to 8 youth
Can be > 16 beds	Must be < 16 beds	Must be < 16 beds	Can be > 16 beds
Placement Medicaid reimbursable –excluding educational services	Therapeutic Behavioral Services Medicaid reimbursable	Community-based Residential Services Medicaid reimbursable	No Medicaid reimbursable services for residential placement
Must provide therapeutic, psychiatric services/interventions; minimum of 21 wkly therapy sessions, 2 monthly family sessions	Must provide weekly on site therapeutic services and arrange for psychiatric care	Must provide active mental health treatment	Must provide structured level of care – therapy, if provided, must be with a licensed professional
Ind. Plan of care - @ admission Comprehensive Plan – by 14 days of admission Discharge Plan – begins @ admission Treatment Plan Reviews – every 30 days Therapeutic passes permitted	Ind. Service Plan (ISP)– within 30 days of admission Discharge Planning included in ISP Documented Quarterly Reviews of ISP	Ind. Service Plan (ISP)– within 30 days of admission Discharge Planning included in ISP Documented Quarterly Reviews of ISP	Ind. Service Plan (ISP)– within 30 days of admission Discharge Planning included in ISP Documented Quarterly Reviews of ISP
Must provide educational services	May use Public Education	May use Public Education	May use Public Education
Must have Certificate of Need (CON) signed by physician indicating medical necessity	Must have CON	Must have CON	CON not necessary for Admission
Must have DSM-IV diagnosis	Must have DSM-IV diagnosis	Must have DSM-IV diagnosis	DSM-IV Diagnosis not necessary for Admission

# CASE MANAGER FEEDBACK FOR FAPT PROVIDER SERVICES

FAPT Case Managers are asked to fill out this brief survey regarding current experiences with your FAPT Service Providers.

Your Agency (circle one):        **CS**        **CSU**        **DSS**        **EDU**

**SERVICE PROVIDER/VENDOR NAME:** \_\_\_\_\_

**CASE MANAGER NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EVALUATION OF SERVICE PROVIDER:** Rate the quality of the service provider below. Use a scale of 1 to 5 (1= poor; 2= fair; 3= good; 4= excellent; 5= superior), (n/a = not applicable).

Evaluate all service measures by placing an "x" under the appropriate column rating:

### Rating for Provider

PROVIDER SERVICE MEASURE	1	2	3	4	5	n/a
Demonstrates the ability to assess youth's strengths and service needs						
Demonstrates the ability to assess family's strengths and service needs						
Timeliness providing appropriate educational services to youth						
Timeliness providing therapy/parenting services to family						
Timeliness in providing monthly reports to case manager						
Successfully engages youth in treatment process						
Successfully engages youth's family in treatment process						
Delivers services in a professional & competent manner to the youth						
Delivers services in a professional & competent manner to the youth's family						
Coordinates service adjustments with case manager						
Responds appropriately to case manager's requests and directions						
Coordinates end-of-service planning with next provider & family						
Prepares family members to maintain success after end-of-service						

\* Please feel free to include comments on the above measures or on other issues concerning the youth, guardian/family and/or provider:

# CSA Office – Goochland County Provider Evaluation Form

## CSA Office – Goochland County Provider Evaluation Form – FAPT Version

Provider:	Provider Representative	Date of FAPT Meeting	FAPT Case #

0 =Unsatisfactory    1 =Satisfactory    2 = Very Satisfactory

<b>Critical Areas:</b>	<b>0</b>	<b>1</b>	<b>2</b>
Provider Representative was prepared for the FAPT meeting (i.e. arrived on time, appropriate appearance, knowledgeable of the youth’s issues)			
Provider’s Reports were (1) available, (2) well-written, (3) addressed treatment issues, and (4) timely.			
Provider was able to answer FAPT questions regarding client progress, and service delivery, according to all FAPT domains.			
Provider discussed specific plans for discharge including step down to lower levels of care.			
Youth was present for the FAPT meeting and appearance was appropriate (neat, well-groomed).			
The Services provided meet the expectations of the FAPT in regards to the DSS Foster Care Service Plan and IFSP.			

Comments:

**FAPT discussed and resolved issue with Provider during meeting: YES/ NO**

Provider’s Management notified of areas of concern: YES/ NO    DATE: \_\_\_\_\_

Notes:

# RESIDENTIAL FILE REVIEW – GROUP HOME

Child	Facility	Admit Date	Age	Date of Review			Discharge Date
<b>Assessments:</b>			Y	N	N/A	<b>Comments</b>	
Is Application in file?							
Is the application complete?							
Is a Social History Done?							
Are Pertinent Clinical Issues for Treatment Assessed							
<b>Service Plan</b>							
Are issues raised in assessment section addressed in the service plan?							
Are services to move the child towards IL addressed in the plan? (For children 16+)							
Are goals child specific?							
Was Referral worker consulted in development of the plan?							
Discharge Plan?							
<b>Quarterly/ Monthly Reports</b>							
Are reports present in the file?							
Do reports address progress towards all treatment plan goals?							
Are incidents/ behaviors described in detail?							
Are services provided to achieve goals documented in report?							
<b>Treatment Progress- Has progress been documented for the past 3 months? 6 months?</b>							
Goal 1:							
Progress: Measurable criteria for progress, services to meet goals, changes needed to ISP to facilitate change.							
<b>Serious Incident Reports</b>			Y	N	N/A	<b>Comments</b>	
Have behaviors required SIR's?							
Are the interventions appropriate?							
Are there concerns raised from SIR's?							
<b>Medical/ Dental</b>							
Medication Logs in record							
Physical/Dental exam up to date							
Medical Issues							
<b>Services</b>							
Is child receiving Individual/Group Therapy? Documentation? How many times per week?							
Is the child involved in Community Activities?							
Is there Family Involvement?							
Are the Educational Services meeting the child's needs/IEP requirements?							
Are there IL Services?							
Other Services?							



**QUESTIONS?**

***CONTACT INFORMATION***

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***Sherri McFaden: SLMCFADEN@PWCGOV.ORG***