

**CSA Utilization Review – Community Based Residential Services (Level A)**

**City of Richmond CSA**

Type of Visit Announced \_\_\_\_ Unannounced \_\_\_\_ Follow-Up \_\_\_\_

Date of Last Review: \_\_\_\_\_ Date of Current Review \_\_\_\_\_

Referring Agency: DSS \_\_\_\_ CSB \_\_\_\_ CSU \_\_\_\_ Other \_\_\_\_

Case Manager: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No. \_\_\_\_\_

**PROVIDER DATA**

Provider Name:

Date:

Group Home Name:

Location:

Phone Number

Chief administrative Officer(Executive Director, Director)\_\_\_\_\_ and  
Program Director \_\_\_\_\_ has

- 1.Master’s degree in social work, psychology, counseling or administration and a combination of 2 years professional experience working with children or
- 2.Baccaluate degree in social work, psychology, counseling or administration and three years of combined professional experience working with children or
- 3.Baccaluate and four years of professional experience in a children’s residential facility and in administration and supervision.

**STAFFING**

Staffing Ratio, 1:6 during day yes \_\_\_ no \_\_\_

Staffing Ratio, 1:10 during sleep periods yes \_\_\_ no \_\_\_

At time of hire, Report of Tuberculosis Screening on file for all staff

Annual Report of Tuberculosis Screening on file for all staff

Criminal background check obtained by provider before individual begins duties

Within 7 days staff have received basic orientation regarding intervention policies, time out and physical restraints

Within 14 days staff have received training in emergency training and response training

Within 30 days following begin date

Enrolled in first aid and CPR class

Trained in child abuse and neglect, mandatory reporting, suicide prevention

Staff responsible for managing residents' behaviors have received training in behavior interventions

Annual retraining procedures in place

Annual fire inspections and sanitation inspections on file

**Written job descriptions**

If response no, action to be taken:

**CLIENT DATA**

UR Review for Client:

DOB:

Date of Placement:

Current LOS: \_\_\_\_\_

Medicaid Status:                      Approved - from \_\_\_\_\_ to \_\_\_\_\_

   Denied – from \_\_\_\_\_ to \_\_\_\_\_

IV-E Eligible: \_\_\_ Yes \_\_\_ No \_\_\_ Pending \_\_\_ Not Applicable

Current Diagnoses:

Axis I	
Axis II	
Axis III	
Axis IV	
Axis V	

**EDUCATION**

Grade: IEP yes \_\_\_ no \_\_\_, Classification \_\_\_\_\_

Client enrolled in school within 5 days of admission

Records of client contain current IEP, if appropriate, current report card and correspondence from schools

Was school superintendent in the home locality of each child with disability contacted in accordance with state and federal law

Study time provided to each client

Note: home schooling is not allowed in residential facilities for children

**CANS**

Date of most recent CANS \_\_\_\_\_

Two areas of Moderate Impairment in major life activities? yes \_\_\_ no \_\_\_

Does the current CANS reflect the clinical presentation? yes \_\_\_ no \_\_\_

If no, recommendation:

List the previous and current primary NEEDS of the child, based on the CANS:

Initial CANS	Previous CANS	Most recent CANS

List the previous and current centerpiece **STRENGTHS** of the child, based on the CANS:

*\*May also include additional strengths not listed on CANS*

Initial CANS	Previous CANS	Most recent CANS

**ADMISSION**

Written criteria for admissions

Application fully completed prior to acceptance or within 30 days after an emergency admission and contains:

Educational Needs	
Mental Health Needs	
Physical Health	
Protection Needs	
Suitability of Admission	
Behavior Support Needs	
Family History	
Social History	
Current behavior Functioning	
Prior History of Mental Health Treatment	
Medication and Drug Use Profile	

Note: for youth that have been adjudicated for sex-offending behaviors: ensure youth has completed a sex offender treatment program and has been assessed by a CSOTP that concluded youth was at low to moderate risk for re-offending.

### **WRITTEN PLACEMENT AGREEMENTS**

Written Placement Agreement signed by facility representative and the parent/legal guardian and includes:

- Rights and responsibilities
- Authorizes placement
- Addresses visitation
- Addresses the education plan

### **PLAN OF CARE**

Does current plan incorporate the strengths and needs of the youth and family?

*Initial Plan of Care (IPOC) completed within 3 days of admission? yes \_\_\_ no \_\_\_*

Includes:

Diagnosis, symptoms, complaints and complications indicating need for admission yes \_\_\_ no \_\_\_

Description of functional level of the youth yes \_\_\_ no \_\_\_

Treatment Objectives

Long term goals with Measurable treatment Objectives/Interventions yes \_\_\_ no \_\_\_

Short term goals with Measurable treatment Objectives/Interventions yes \_\_\_ no \_\_\_

Listing of any medications, treatments , activities, yes \_\_\_ no \_\_\_



related community services to ensure continuity of care yes \_\_\_ no \_\_\_

Provides Summary of Progress and Justification for continued stay yes \_\_\_ no \_\_\_

CIPOC reviewed by QMHP every 30 days? yes \_\_\_ no \_\_\_

The response to services provided includes recommended changes to plan based on responses to the ISP interventions? yes \_\_\_ no \_\_\_

Determinations regarding whether services being provided continue to be required? yes \_\_\_ no \_\_\_

Updates include the dated signatures of the QMHP service provider? Yes \_\_\_ no \_\_\_

Note: A QMHP must re-assess the medical necessity for service after 6 months. The re-assessment must also be signed by licensed mental health provider.

Documented quarterly review of each resident's progress 60 days following the initial service plan and within each 90-day period that includes:

Client's progress towards meeting goals /objectives yes \_\_\_ no \_\_\_

Family's involvement yes \_\_\_ no \_\_\_

Continuing needs of client yes \_\_\_ no \_\_\_

Client's progress towards discharge yes \_\_\_ no \_\_\_

Status of discharge planning yes \_\_\_ no \_\_\_

If any response no, recommended action to be taken:

**PROGRAMS AND SERVICES**

Written placement agreement signed by guardian within 24 hours of admission and on file

Client's Records contain daily documentation of individualized supervision and structure to minimize behavioral issues:

Client's Records contain documentation of services that address attention and movement toward stated goals and objectives in the CIPOC:

Does youth participate in (7) psycho-educational activities per week?

Topics pertinent, clear and appropriate?

Sessions Documented?

Signed and dated by qualified staff?

Documentation of Weekly Individual Therapy?

Name of Provider: \_\_\_\_\_

Written justification in clinical file for any appointments missed?

Case Management Services:

Program description to provide case management services to client

Client records contain documentation of case management services

Within 30 days of admission, provider has developed and implemented a behavior support plan that includes:

Identification of positive and problem behaviors

Identification of triggers for behaviors

Identification of successful intervention strategies for problem behaviors

Techniques for managing anger and anxiety

Identifications of interventions that may escalate inappropriate behaviors.

### **THERAPEUTIC PASSES**

Goals of the pass part of the master treatment plan?

Goals of particular visit documented prior to granting pass?

Response to pass documented upon client's return?

Overnight passes occurred after successful day passes and as a part of discharge plan?



Note: no more than 24 days of therapeutic leave annually are allowed. Provision of active therapeutic services while on overnight passes is required to bill for days away from the facility.

If no to any of the above questions, recommended action:

### **TRANSITION OR DISCHARGE PLAN**

Does the IFSP or agency service plan include services that are necessary for youth to successfully step-down to the community or return to a family setting in a timely manner?

Does the treatment plan provide clear discharge criteria and a realistic discharge date?

Written criteria for discharge

If discharge has occurred, was comprehensive discharge summary placed in client's file within 30 days post-discharge.

Does discharge summary contain documentation required by standards?

If no, recommended action to be taken:

### **GROUP HOME DOCUMENTATION**

Evidence of a structured program of care designed to

Meet client's physical and emotional needs

Provide protection, guidance and supervision

Meet the objectives of the service plan

Daily communication log that records significant happenings or problems that is dated and signed by person making the entry

During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift

Facility plans for sheltering in place to include evacuating and relocating.

## **MEDICAL**

Complete physical exam within 90 days prior to admission or no later than 7 days following admission

Within 7 days of placement client had screening assessment for tuberculosis  
Written documentation of an annual dental exam and follow up dental care

Screening assessment for tuberculosis completed annually

Medication administration record (MAR) maintained on all medicines received by client and includes: date, medication prescribed, drug name, schedule for administration, strength, route, identity of individual administering medication and dates medication discontinued or changed

Staff administering medications have completed medication training program and 32 hour course certificate on file

All medications securely locked and properly labeled

Are refusals documented

Staff aware of side effects of the medications and symptoms of the effects

Regional Poison Control Center number posted

Client's records contain the following emergency informations  
name, address and phone number of physician and dentist  
name, address and phone number of relative or person to be notified  
medical insurance information  
all current medications  
written permission for emergency medical, dental care and obtaining immunizations or procedure for obtaining required consents.

## **NUTRITION**

Three nutritionally balanced meals and snack(s) provided daily

- Review posted menus

- Does meal correspond to menu

- Adequate food on hand

- Food properly stored

Adequate kitchen facilities to serve and prepare meals

Dining area equipped with appropriate tables and benches/chairs

## **RECREATION**

Regularly scheduled indoor and outdoor recreational activities structured to develop skills and attitudes

Opportunities for individual and group activities

Indoor recreation space that contains indoor recreation materials appropriate to age and interests of clients

Outdoor recreation space that is appropriately equipped for resident's use

## **CLOTHING**

Client has adequate supply of clean, comfortable and well-fitting shoes for indoor and outdoor wear

Clothing similar in style to those generally worn by children of the same age in the community

Client has the opportunity to participate in the selection of clothing

## **ALLOWANCES**

Written policy regarding allowances that includes safekeeping and recordkeeping of client's money

Allowances are included in the rate paid for foster children- client should be receiving an allowance and using allowances for fines is not appropriate

### **SERIOUS INCIDENT REPORTS**

Any serious incident to include accident, injury, overnight absence, runaway, drug use, criminal conduct, serious altercations with staff/peers and allegations of child abuse or neglect will be reported within 24 hours to either parent or legal guardian or both and the City of Richmond CSA office.

### **PHYSICAL PLANT**

Current license posted in conspicuous place

Bathroom for every 4 residents

Bathroom(s) clean, with soap, towels, toilet paper, toothpaste, shampoo etc.

Adequate supply of personal necessities available to all residents for the purposes of personal hygiene and grooming.

Clean, individual washcloths and towels and washcloths in good repair– fresh towels provided weekly

Size of the bedrooms adequate for number of youth in each bedroom

Clean linens on beds and changed weekly

Mattresses are fire retardant

Residents provided drawer space and closet space

Comfortable homelike living room

Study space equipped with tables/desks and chairs

Safe storage area for household supplies, first aid equipment

Furnishings safe, clean and suitable

### **RESIDENTS' RECORDS**

Separate case record for each resident

Resident's records placed in a locked cabinet/drawer or in a locked room

Written records stored in metal file cabinet or other metal compartment?

Can records be accessed to people other than authorized staff?

Records kept after discharge for a minimum of three years

**POSITIVE FINDINGS AND OR PROGRAM STRENGTHS**

**UTILIZATION REVIEW OUTCOMES (A or B)**

A. \_\_\_\_ Recommendations/Issues to be addressed with expected timetables:

- 1. xx
- 2. xx
- 3. xx
- 4. xx

Debriefing Date: \_\_\_\_\_

Attendees: \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

B. \_\_\_\_ Corrective Action Plan Required to Address the Following:

1. xx
2. xx
3. xx

Debriefing Date: \_\_\_\_\_

Attendees: \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

Correction Action Plan Required by \_\_\_\_\_

(Date)