





Policy and Procedures

<u>DEPARTMENT NAME</u> Utilization Management		
<u>SUBJECT</u> Utilization Management	<u>POLICY NUMBER:</u> UM-006	
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 	<u>REPLACES :</u> UM-006, dated 4.10.13

- I. **PURPOSE:** Utilization management is the method to promote the delivery of child protection and permanency services in a coordinated, timely and cost-effective manner.

- II. **REVIEW HISTORY:** Policy developed 4/10/2013

- III. **CONTACT:** Utilization Management Director

- IV. **PERSONS AFFECTED:** Children and families in the child welfare system receiving services funded by CNSWFL

- V. **POLICY:** The Children’s Network of Southwest Florida will manage funding to assure appropriate services to families and children are authorized to reduce service gaps and duplication. The focus is to reduce unnecessary expenditures, to manage funding effectively, and to assure that authorized services are effective.

- VI. **RATIONALE:** By providing effective, efficient, time-limited services, children will be safe in their placements and have the potential to have their needs identified and met. By evaluating information available, children will be in enhanced placements only when necessary. Services to parents and caregivers are focused on assuring they are capable of improving skills and providing a safe and nurturing environment to assure permanency and child safety.

- VII. **CROSS REFERENCES:** Utilization Management policies UM-001 Intake, Triage, and Referral Staffing, UM-002 Coordination of Services, UM-003 Service Authorization Request, UM-005 Substitute Care Funds for Emergency Assistance, and UM-023 Coordination of Behavioral Health.

- VIII **DEFINITIONS:**
 - A. Authorization: A set of procedures and mechanism designed for determining if proposed services are the least restrictive, appropriate, and necessary. Specially designed screening tools and level of care criteria support are used to support decision making.

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- B. Enhanced placements: These are any out of home placements other than regular foster care, relative care and non-relative care.
- C. Flex funding: Short-term emergency funding that prevents placement in foster care, addresses a specific crisis situation or episode that is non-recurring, and addresses a need that the client will be able to manage after the crisis is averted.
- D. Intake, triage, and referral: A process to staff cases referred by the Department of Children and Families Child Protective Investigator when a child is removed and the investigator determines that on-going protective services are required.
- E. JOS: The computer system used by the Children's Network to track utilization management transactions.
- F. Point of Contact: Serves as the central point of contact for dependency case managers in referring children for CBHA's as well as additional behavioral/mental health assessment and treatment as necessary.

Serves as a consultant to CBC lead agency staff in making appropriate referrals for mental health and substance abuse treatment as well as obtaining consultation for especially complex cases.

G. Reviews: A method for identifying issues and outcomes early in treatment, monitoring progress of the services, and evaluating the outcomes of the services provided.

IX. PROCEDURES:

A. UM Specialists will follow UM policies in place to approve services and monitor expenditures for client and family services. All transactions are recorded in JOS.

B. UM specialists will maintain a list of contracted and community services that are available to help families in the system. Services will be selected that best address the specific needs of the family and are readily accessible to the family. Services are authorized for a limited time and may be reauthorized if needed and justified, or as the family's needs change based upon referrals submitted by the case manager

C. Children in the child welfare system will be placed in the least restrictive, most appropriate placement that meets their needs. The level of care will be determined by a review of the child's case record and any testing available. The placement level will be periodically reviewed and changed as needed.

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D. The following factors will be considered in selecting the specific provider for the family's needs:

- Prior history of the provider working with specific issues and identified needs within the family
- Ability to accommodate client's special needs such as visual, auditory, linguistic, and motor abilities
- When appropriate, client preferences
- Avoidance of any conflict of interest or preferential treatment of a specific provider

E. The UM department will assure that providers undergo a thorough review of their organization prior to contracting for services. This review includes reviewing credentials, financial stability, the type and quality of services performed, and the availability and flexibility of service delivery.

F. The UM department has an appeals process for denied requests.

1. CMO staff may submit an appeal of a utilization management decision within 5 days of the decision. The appeal must be in writing and include the following:

- Client name and identifying information
- General description of the reason for requesting the appeal
- Type and date of denied service

2. The Utilization Management Director will process the appeal within 15 days of receipt of all necessary documentation and provide written confirmation of the decision.

3. If the appellant is not satisfied with the decision, the issue will be raised to the Chief Operations Officer, whose decision will be final.