CYF Utilization Management Form Explanation Sheet

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

Approved By:

- Program Manager/Program UM Committee

Compliance Requirements:

- Timelines: Most program UM cycles are six (6) months. Some programs may have other requirements such as every ninety (90) days for STRTPs.

- Clinicians are expected to clearly explain at intake the treatment model of the program and UM process to review and justify continued services.

- UM 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.

- UM request that are denied or authorized for a reduced/modified amount, duration, or scope other than requested will require issuing a *Notice of Adverse Benefit Determination (NOABD)* to member/family/clinician within stipulated timelines.

- Prior to expiration of the current UM Cycle, programs are expected to complete a *Child/Youth Utilization Management Request Form* to receive approval for providing additional outpatient and case management services to clients.

    - All retroactive approvals must be documented by the UM Committee in "Section K" in the comments section under *UM Determination/ Approval.*

- *The Child/Youth Utilization Management Request Form* must have all required elements

    - Completed UM Form
    - Updated CANS in SmartCare
    - Updated PSC entered in SmartCare
    - Care Plan and/ or Problem List must be reviewed

Documentation Standards:

- Current Services: Identify current services, admission date, diagnosis, Pathways status, current symptoms and if youth/family is requesting additional services.

- Psychiatric Hospitalizations: Provide information pertaining to recent hospitalizations; including most recent date(s) and other services client is receiving when applicable.

- Child and Adolescent Needs and Strengths (CANS): Provide completion date of CANS for current UM request. Utilize information from CANS to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the number of Strengths from the CANS that could be leveraged to meet treatment goals and reduce symptomology.

- Pediatric Symptom Checklist (PSC- 35): Provide completion date of PSC for current UM request. Utilize information from the PSC to identify the total score for the Parent PSC. If scores are not available, enter "n/a".

- Updated Care Plan and/ or Problem List: The updated care plan/ Problem List must be reviewed by Program UM Committee and presented to the youth/family for input and signatures.

- Eligibility Criteria: Outline how Medical Necessity is met and describe 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).

- Proposed Treatment Modalities: Select the proposed treatment modalities to mitigate current risk factors.

- Expected Outcome and Prognosis: Select the projected functioning level from providing additional services.

- Requested Number of Months: Identify the number of months needed to achieve expected outcome.

- Requestor Name and Credential: Type in requestor's name and date.

- UM Determination/Approval: Program UM Committee selects the approval status, indicates time approved, UM Committee Member's name and date.