Utilization Management Overview

Informed and Intelligent Access, Referral and Review of Network Services

ChildNet
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ChildNet’s Approach to Utilization Management

Introduction

Perhaps the one and single truth about Community Based Care, Florida’s privatization of foster care and related services, aside from its unqualified success, is that everyone does it differently. At its core this initiative is about each community developing a system that fits that community - its needs, its resources, its history, its culture. It is not surprising, then, that ChildNet, Broward’s Community Based Care lead agency, embraces and implements its own unique and local approach to utilization management.

ChildNet has chosen to eschew an excessively technical and centralized approach to utilization management, implemented by a single utilization management department. The reason for this is primarily that the agency believes that such an approach is not an especially good fit for the particular network of services that ChildNet administers. The vast majority (76%) of ChildNet’s subcontracted network services are residential programs for abused children and ChildNet expects that placement within any of these programs will be a child’s single stable placement until his reunification, adoption or transition to adulthood. None are therapeutic placements or placements from which a child would be discharged or “stepped down” to a lower level of care. The other major group of subcontracted programs, accounting for 14% of all subcontract funding, is Family Reunification and Strengthening Services which the network service provider is, by definition and by contract, required to continue to provide until a successful reunification has been achieved or until the 17th Circuit Judicial Court has ordered a new case goal other than reunification. Clearly, terminating the services provided within either of these two major areas in service of system economy is not a primary, or necessarily a desirable, goal. The balance of ChildNet’s network of services consists almost exclusively of discrete services of which ChildNet purchases either a single or a limited and specified number of units. They are neither sufficiently substantial nor complex to warrant the creation and work of a separate utilization management entity. Virtually all the therapeutic or treatment services accessed by ChildNet clients are funded by other entities, primarily Florida Medicaid. Very formal and technical utilization management activities are indeed appropriate for them and they are undertaken but they are the responsibility of the agency that funds the services. In the case of the provision of Medicaid funded services to dependent children that system is, in fact, mandated by Florida statute and described in detail in the appropriate Medicaid Handbooks.

All that said, ChildNet does believe it absolutely crucial to carefully and intelligently manage and oversee the referral and access of the services that it purchases and that are accessed by the children and caregivers for whom it is responsible. To do so it relies on an assortment of several and varied utilization management processes and activities. These activities vary depending upon the type of services being considered and the method of their purchase but all are alike in that at their core they are all always about ensuring that the child, and the family, receive the service that is right and most appropriate for them. This is an approach totally consonant with the agency’s clearly and concisely stated mission – “to protect Broward’s abused, abandoned,
and neglected children.” It is a mission that has always been an easy one for agency leadership and staff to remember, embrace, and implement. Just as importantly, it has led to an agency culture where decisions are ultimately guided by a consideration of what is in the best interest of the child. Given a choice, the primary consideration of ChildNet’s utilization management, like all agency activities, must always be what will best ensure the safety and well being of the child.

**Contracted Services**

**Residential Services**

All decisions about placement into subcontracted residential programs are made by ChildNet Intake and Placement Advocates, specialized staff whose primary function and purpose is the effective and appropriate matching of children to their residential placement. They base their placement decision on a thorough review of case opening documents, child and family history known at the time, the Child Initial Screening Form and, for children older than three years of age, the Therapeutic Intervention and Emergency Services (TIES) assessment completed by subcontracted masters level clinicians from a community mental health center. They also base their decision on their thorough knowledge of each subcontracted program’s target population and admission criteria, which are described for them in ChildNet’s Book of Subcontracted Services. Two types of residential service have additional layers of review. Visits to and assessments of individual shelter placements occur weekly rather than monthly and all current shelter placements are reviewed in a biweekly meeting with subcontractors to ensure the continued appropriateness and need for the placement and to identify alternative placements if necessary. The other exception to the standard process is for placements in residential group homes that have been identified as serving children with extraordinary needs. These also require prior review and formal approval by ChildNet’s Director of Service Coordination, a licensed mental health professional, who is available to provide authorizations 24 hours a day, 7 days a week.

Once made, nearly all residential placements made by ChildNet in subcontracted programs are intended to be stable one time placements until reunification or identification or achievement of another permanency option is accomplished. That said, ChildNet nonetheless continues throughout the placement to regularly and formally review it to ensure that it remains the most appropriate one for the child. Primary vehicles for such review include the monthly visitation form assessment, the 4-, 8-, and 11- month permanency staffings and the quarterly case review and supervision.

**Family Reunification and Strengthening Services**

Referral and placement into a subcontracted Family Reunification and Strengthening (FRS) program is also accomplished through a centralized process. Each FRS program is designed to serve a particular target population and all referrals are handled by a single ChildNet Behavioral Health Specialist whose sole responsibility is to match the family with the appropriate FRS Program. This ChildNet Network Development department staff member bases the decision
upon a thorough review of all case opening documents and assessments and her specialized knowledge of the program, its target population and the criteria. Once a family is enrolled in an FRS program, the expectation is that the family will continue to receive program services until reunification is achieved or until the team of ChildNet and subcontractor staff assigned to the case agrees that a change in placement goal is in the best interest of the child. Team decisions to seek a change of case goal and termination of program services are informed by the regular monthly reports from the service provider as to the family’s participation, progress and compliance and occur in the context of regularly convened team meetings.

### Purchased Services

**Rate Agreements**

Rate agreements are used by ChildNet to purchase beds in programs outside of its network of subcontracted service providers. This is typically done either with a program licensed and/or contracted by another state agency such as the Agency for Persons with Disabilities (APD) or a program outside of Broward that operates under a contract with another Community Based Care lead agency.

When the Intake and Placement Advocate based on all available medical and clinical assessments and documentation suspects or identifies that a child has a developmental disability and requires placement in a home licensed by the Agency for Persons with Disabilities (APD), they contact both the designated local APD placement specialist who handles all ChildNet referrals and ChildNet’s Director of Service Coordination. Both the APD placement specialist and ChildNet’s Director of Service Coordination must agree on the appropriateness of the identified placement and jointly authorize it.

Throughout the placement, ChildNet takes several steps to ensure that the placement remains the most appropriate placement for the child. Vehicles for this review include the monthly visitation form, the 4-, 8-, and 11- month permanency staffings, and during quarterly case review and supervision. In addition, at six month intervals, the Director of Service Coordination must reauthorize the placement based upon a review of clinical and medical assessment documentation to ensure the child continues to meet established criteria. For children meeting criteria for behavior focused and intensive behavioral levels of care, ChildNet’s Senior Certified Behavioral Analyst also reviews the behavioral analysis plan and services at a minimum of every six months to ensure the child continues to meet the established criteria.

If an appropriate placement cannot be located within ChildNet’s network of contracted service providers and an out of county placement is needed, the Intake and Placement Advocate contacts the Director of Service Coordination to seek authorization. The Director of Service Coordination reviews all available medical and clinical assessments and documentation to ensure that a child meets the established criteria for the program and subsequently provides authorization as appropriate.

ChildNet case managers and their supervisors continue to review the appropriateness of the placement during completion of monthly visitation assessments, the 4-, 8-, and 11- month
permanency staffings, and during quarterly case review and supervision. In addition, at six month intervals, the Director of Service Coordination must reauthorize the placement following a consideration of reports from both ChildNet case management and program staff that indicates that the child continues to meet established criteria and that the placement remains appropriate.

**Purchase Orders**

ChildNet frequently uses purchase orders to obtain an assortment of specialized behavioral health and educational services for the children and caregivers under its supervision. These include a variety of different types of assessments, evaluations, counseling, tutoring and one-on-one client supervision. The process for their access is also centralized and well defined. It begins with submission by the Child Advocate of a Contingency Fund Request/Purchase Order form describing the desired service and the reason for its access. All requests for these types of services must be authorized by the Director of Service Coordination following a review to ensure the appropriateness and necessity of the requested service. If appropriate, the Director of Service Coordination authorizes the service for a specific duration, either an amount of time or number of sessions. If the Child Advocate believes that the service continues to be necessary beyond the authorized time frame or amount of sessions, the Child Advocate completes a new Contingency Fund Request/Purchase Order form and submits it along with any treatment progress updates or related clinical documentation to the Director of Service Coordination who determines if the service continues to be appropriate and necessary. If so, the Director of Service Coordination re-authorizes the service for a specific time period or designated number of sessions. A slight modification of this process occurs with requests for tutoring. In these instances the Contingency Fund Request/Purchase Order form is required to be submitted with report cards, standardized test scores, and Individualized Educational Plan (IEP) to ChildNet’s Educational Services Specialist who initially reviews the request and if appropriate then forwards to the Director of Service Coordination for final authorization. The Director of Service Coordination authorizes the service for a specific number of tutoring sessions. Upon expiration, if the tutoring continues to be needed, the Child Advocate follows the same process for re-authorization.

**Coordinated Services**

Coordinated services include those services accessed by ChildNet clients for which ChildNet does not pay. Included here are virtually all children’s mental health and substance abuse services, which for dependent children in Florida are funded almost exclusively by Florida Medicaid through the Agency for Health Care Administration. These treatment services clearly require the most formalized and structured utilization management and, in fact, receive it. However, the formal utilization management process is managed by the funder, the Agency for Health Care Administration. The processes are very clearly described in Florida Statute, Administrative Code, and the Florida Medicaid Community Behavioral Health Handbook. ChildNet staff has enthusiastically assumed a prominent role and involvement in the process which is described in great detail in ChildNet Policy and Procedure CN003.042 Behavioral Health Services for Children in the Custody of the Department of Children and Families.
Highlights of the process include, for Specialized Therapeutic Foster Care and Therapeutic Group Care, prior review and authorization by a Multi-Disciplinary Team (MDT) and on-going review and re-authorization by the MDT at a minimum of every six (6) months. For Residential Treatment, defined by Florida Statute as Therapeutic Group Care and the Statewide Intensive Psychiatric Programs (SIPP), a Suitability Assessment conducted by an Independent Qualified Evaluator that recommends such treatment, is also required. For both levels of Residential Treatment a Suitability Assessment must be completed every 90 days to review on-going continued medical necessity. ChildNet’s Senior Behavioral Health Services Specialist facilitates the referrals for the Suitability Assessments and participates as a mandatory member of the MDT.

Referrals for out-patient mental health and substance abuse services are directed by the recommendations of the Comprehensive Behavioral Health Assessment (CBHA). ChildNet’s Behavioral Health Services Specialists, licensed mental health professionals, review the CBHA recommendations with each Child Advocate to facilitate appropriate behavioral health services referrals and follow-up with the Advocate to determine the progress of the referral. Actual admission and authorization for initial and on-going treatment is then managed by the Agency for Health Care Administration itself or one of its local contracted managed care organizations following procedures outlined in the Florida Medicaid Community Behavioral Health Handbook.

Detailed descriptions of the procedures and processes summarized above are provided in the following ChildNet Policies and Procedures:

- CN003.042 Behavioral Health Services for Children in the Custody of the Department of Children and Families
- CN004.030 Developmental Disability Service Access for Children in Out of Home Care
- CN003.056 Educational Needs of Children in Out of Home Care
- CN003.043 Parental Substance Abuse Screening and Referrals
- CN003.006 Case Supervision and Service Planning
- CN003.038 Matching Children to Placement

**The Bigger Picture**

The discussion of ChildNet’s approach to utilization management thus far has focused exclusively on the attention paid to the access and continuation of services for individual clients. ChildNet also, however, takes a broader overall look at the access of services to help ensure that throughout the system they are being accessed appropriately, effectively and efficiently. These activities are primarily the work of ChildNet’s Continuous Quality Improvement (CQI) department and the Contracts and Licensing division of ChildNet’s Network Development department. The Continuous Quality Improvement (CQI) team at ChildNet conducts the programmatic monitoring of subcontracted program services and of the case management services provided in-house. The contract monitoring procedures are detailed in the ChildNet Policy and Procedure CN005.010 Contract Monitoring and include targeted testing to establish that service recipients meet eligibility requirements, are assessed and that services meet assessed needs. The CQI team also conducts internal case reviews following the State of Florida Quality Management Model and also relies on these to test that service recipients are assessed.
and that services are coordinated based on the identified needs. Additional items reviewed ensure that the placements of children are stable, case plan goals are appropriate and case-work practice is on the right track. The Director of Contracts and Licensing supervises her contract management staff’s monthly compilation of utilization reports for each subcontracted program. A designated Contracts Specialist also thoroughly tracks all placements funded through Rate Agreements. The utilization reports, also summarized quarterly and annually for review by and with the Vice President of Network Development, facilitate identification of service referral patterns, possible program access issues and changing or emerging service gaps or needs.

The Network Development department will also be intimately involved in two initiatives planned for the 2010-2011 fiscal year that will involve expanded and enhanced oversight of the access and review of both subcontracted residential services and purchased services. Since assuming responsibility for management of the local child welfare system ChildNet has done a remarkable job in reducing system reliance on congregate care for dependent children. During the past three years the number of subcontracted shelter beds for younger children has been reduced from 108 to 22. Reduction in the use of residential group care for younger children has been equally dramatic and today it exists only to serve sibling groups, and even then, only in familial and pure or hybrid house parent settings. Regrettably, the same cannot yet be said for residential group care for teens. As part of a multi-faceted approach to reducing its use with this population, Network Development and Client Services staff will be working on developing a system that will pair more intensive and systematic review of individual teen group care placements with intensified and expanded efforts to identify and recruit alternative foster home and kinship placements for this population. Going forward, Network Development staff will also begin subjecting purchased services to the same level of utilization review that subcontracted services receive. ChildNet has only recently modified its approach to the administration and oversight of purchased services but now that it has, and now that the positioning of these services within the local Community Based Care services network has been firmly established and clearly defined, a designated Contract Specialist will be monitoring and reporting in detail on the referral, access and funding of these services. A major expectation is that such analysis will enable the agency to even more accurately identify client and system service needs and ultimately facilitate the more effective and efficient provision of precisely the services those needs demand.