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# Utilization Management Overview

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Informed and Intelligent  
Access, Referral and  
Review of Network  
Services

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ChildNet

Fiscal Year 2018-2019

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## **Informed and Intelligent Access, Referral and Review of Network Services**

### **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, and its culture. It is not surprising, then, that ChildNet, the Community Based Care lead agency in Broward and Palm Beach, embraces and implements its own unique and local approaches 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 majority (66%) 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 subcontracted program, accounting for 35 percent of the subcontracted funding in Palm Beach, is the dependency case management program operated by Children’s Home Society. This program, like ChildNet, must accept all referrals received from the Department of Children and Families and the termination of services is ultimately determined by the Fifteenth Circuit Judicial Court based on application of Florida Statutes. 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. Most of 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 statutes, described in detail in the appropriate Medicaid Handbooks and is now implemented via a managed care specialty plan for dependent children operated by Community Based Care Integrated Health under a contract with Florida’s Agency for Healthcare Administration.

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 the abused, abandoned, and neglected children in the communities we serve.” 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 five years of age, the Brief Status Exam 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 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 3-, 6-, and 9- month permanency staffings and the quarterly case review and supervision.

## **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 an

out of county program 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). ChildNet's Community Research Coordinator (Broward) or Behavioral Health Services Specialist (Palm Beach) both work with APD to find the most appropriate placement.

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 3-, 6-, and 9- month permanency staffings, and during quarterly case review and supervision.

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.

ChildNet case managers and their supervisors continue to review the appropriateness of the placement during completion of monthly visitation assessments, 3-, 6-, and 9- 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.

### 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/Dependency Case Manager of a General Funding Authorization and 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/Dependency Case Manager believes that the service continues to be necessary beyond the authorized time frame or amount of sessions, the Child Advocate/Dependency Case Manager completes a new General Funding Authorization and 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. In Broward, a slight modification of this process occurs with requests for tutoring services. In these instances, the General Funding Authorization and Purchase Order form is required to be submitted with report cards, standardized test scores, or 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/Dependency Case Manager 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’s contracted specialty plan provider, Community Based Care Integrated Health. 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 and its subcontracted specialty plan provider. The processes are very clearly described in Florida Statutes, 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 Statutes 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 or Assistant Director of Service Coordination 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 review the CBHA recommendations with each Child Advocate/Dependency Case Manager to facilitate appropriate behavioral health services referrals and follow-up with the Advocate/Case Manager to determine the progress of the referral, as indicated. Actual admission and authorization for initial and on-going treatment is then managed by the Agency for Health Care Administration itself or its contracted managed care organization 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 Child to Proper Placement & Minimizing Disruptions in Placement/Step Down Transition Planning*

## **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 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 in Broward County. 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 supervises the contract management staff’s monthly compilation of utilization reports for each subcontracted program. A designated Contract Manager also thoroughly tracks all placements funded through Rate Agreements. The utilization reports, also summarized quarterly and annually for review by and with the Chief Financial Officer, facilitate identification of service referral patterns, possible program access issues and changing or emerging service gaps or needs.

The Contracts and Service Coordination departments will also be intimately involved in initiatives during the 2018-2019 fiscal year that will involve expanded and enhanced oversight of the access and review of both subcontracted residential services and purchased services. In both counties 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 by increasing the local foster home and kinship care capacity. That said, recent substantial increases in the number of children adjudicated dependent in both counties have led to an unexpected return to disappointing levels of congregate care usage and even an increased reliance on such placements out of the local jurisdictions. In response, ChildNet is embarking on regular management team reviews of all such placements and concurrent analysis of foster and kinship caregiver inventory to ensure that every child that can be intelligently and appropriately placed in a more familial setting is. A second major initiative will be the consideration of several ways of streamlining the authorization of behavioral health service purchases. The motivations for this are several and are related to, or became apparent upon, ChildNet’s expansion to Palm Beach. These include a very active and involved local judiciary impatient with even the slightest delay in the access of behavioral health services and a local

culture and growing dependency population that has turned the pre-authorization of purchased service referrals into a very demanding workload challenge. Potential solutions may include some sort of centralization or specialization of the network of purchased service providers so that decisions and criteria regarding selection of a service and its provider can become far clearer to dependency case managers and the strict and formal limiting of network membership to only those who provide those services timely and efficiently.