

# **Sample Utilization Review Addendum Instructions**

“The Family Assessment and Planning Team or approved alternative multidisciplinary team, in collaboration with the family, shall provide regular monitoring and utilization review of the services and residential placement for the child to determine whether services and placement continue to provide the most appropriate and effective services for the child and his family” (COV 2.2-5208).

Utilization Review (UR) is a component of a comprehensive Utilization Management approach and is the process of reviewing individual cases to determine if the appropriate treatment plan and services are in place based upon the client’s current level of need. UR can be conducted through activities including chart review and onsite visits to treatment programs (when appropriate). This form is designed to be used as a means to document utilization review efforts and can be used to inform the Family Assessment and Planning Team (FAPT) in their development of the Individual and Family Services Plan (IFSP). Ideally this document should be completed in advance of the FAPT meeting; however, it is possible for a designated member of the FAPT team to complete during the course of the meeting.

## **General Instructions:**

Field information can be entered by clicking in the area enclosed in parentheses which will yield a text, calendar, or drop-down field.

**\*\*Please note: this document was created as a Microsoft Word form template which allows for specific field settings. Although editing parameters exist, fields, which appear in parentheses, can be edited to include child-specific information. Additionally, the table layout of the form is unrestricted, allowing for the inclusion of unlimited information. Because of editing parameters, modifying the content and/or layout of the form will require the password “CSA” (no quotes) to be entered while in design mode which can be accessed from the developer tab.**

## **Section Specific Instructions:**

Although most sections of this document are self-explanatory, below is some section-specific guidance which may assist in the form’s completion.

### **Demographic Information:**

Be sure to use the Client ID number (ideally the social security number) which was used to complete the CANS assessment.

### **Evaluation/Diagnosis/Medication:**

Include as much information as possible in this section as it will assist the team in service planning. There are no restrictions to which assessments can be reported in this section; however common assessments which could be utilized are: psychological, educational, sociological, VEMAT, YASI, and/or Casey Life Skills. Current diagnostic information should be cited per DSM-5, and include where the diagnosis came from (who gave the child the diagnosis).

### **Historical Information:**

This section is designed to capture specific information related to the history of the case, including how it became known to CSA, service history, and the rationale for current services. It is important to be as specific as possible in this section as it will provide perspective and direction in determining the efficacy of current services and case progress.

**Strengths/Needs:**

This is the section where the child and family's strengths and needs are captured. Information included in this section should come directly from the youth and family, Child and Adolescent Needs and Strengths Assessment (CANS), IFSP, and provider's service/treatment plan.

**Service Plan Review:**

Although this section may seem trivial, it is vitally important in assessing the participation of team members in the treatment planning process.

**Goals/Objectives:**

This section is one of the most important in the UR process and it is where all of the goals and objectives are captured and evaluated. This section documents efforts to assess the child/family's progress toward identified treatment goals and the congruence between the IFSP, provider service plans, and assessment information. The information included in this section must come from available documentation such as monthly progress reports, IFSP notes, and correspondence. Progress toward goals and objectives should be stated in clear and specific language and the use of general phrases such as "the youth is making adequate progress" is discouraged.

**Discharge Plan/Progress toward discharge:**

Regardless of service type, discharge planning is a necessary part of service provision which must begin on the first day of admission. Discharge plans should consider the unique needs of each child and family and clearly identify the step-down level of care. This section of the UR Addendum documents the existence of the discharge planning process and the family's involvement in this activity.

**Recommendations:**

This section captures specific recommendations related to the utilization review process. The purpose of UR is to collect and analyze data in order to evaluate, inform, and improve service planning for youth and families. Data-driven recommendations related to treatment needs, services, and resources should be clearly outlined in this section for FAPT's consideration.