

A series of decorative orange circles of varying sizes on the left side of the slide. The largest circle is at the top, with several smaller ones below it, some overlapping. The number "1" is centered in the second-largest circle.

# UTILIZATION MANAGEMENT

What the CPMT and the FAPT need to know

# WHAT IS UTILIZATION MANAGEMENT?

- The collecting and analyzing of the aggregate data for all the youth served through CSA in the locality.
- The trends (i.e. decreasing length of stay) and/or gaps in services can be determined by looking at this data
- That information can be used to make policy or suggest services or programs needed to better serve the CSA youth in the community.

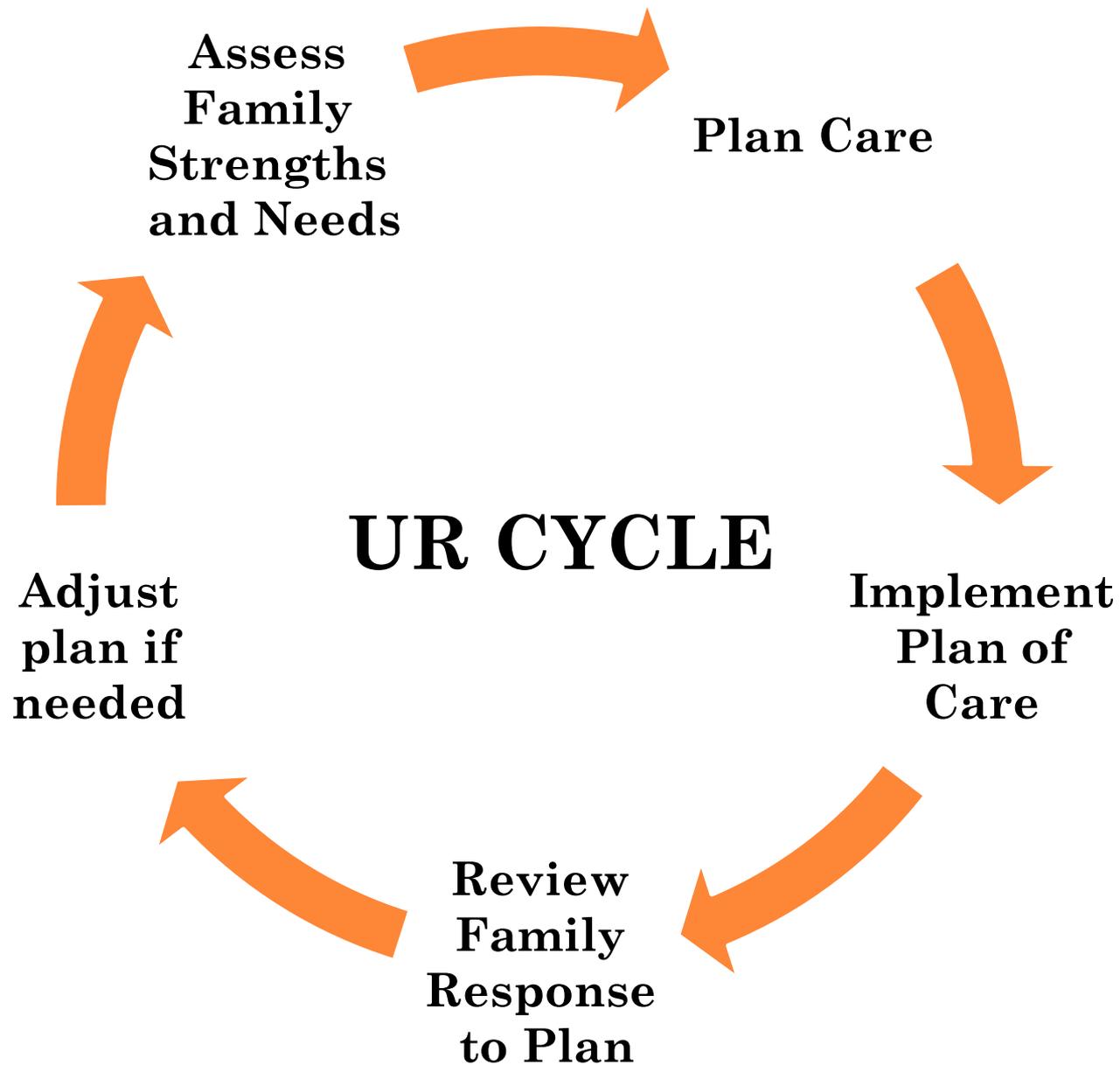
# WHAT IS UTILIZATION REVIEW?

For individual Child specific reviews it is:

- The process of evaluating the necessity, appropriateness and efficiency of services against established guidelines and criteria.
- UR usually includes recommendations that may include new actions or decisions based on the overall analysis.

# WHAT UR IS NOT:

- A means of cutting necessary services
- A series of meaningless paper exercises that do not improve care
- Someone who doesn't know the youth second guessing the case manager



# WHY IS UR IMPORTANT?

- UR is focused on assessing the plan of care and the outcomes which is not the primary responsibility of a case manager who is more focused on the direct services to the family.

# WHAT ARE THE UR OPTIONS AVAILABLE TO A LOCALITY?

- Each CPMT is responsible for developing and assuring the implementation of a Utilization Management plan.
- UR may be charged to CSA pool funds for eligible youth on an individual basis as long as there is documentation that the UR activities are more than would be expected from the case manager.

# WHO CAN DO UR?

UR/UM provides another perspective on the situation.

UR can be done and documented by:

- FAPT,
- UR specialist,
- CSA coordinator,
- Anyone else designated by the policies of the CPMT.

While the case manager can do UR, a second set of eyes and ideas may prove to be a better option if possible for your locality.

# WHAT ARE SOME THINGS TO INCLUDE IN A UTILIZATION REVIEW FOR AN INDIVIDUAL FAMILY?

- Does the plan incorporate the strengths and the needs of the youth and family? The CANS is an ideal tool to make sure you have addressed them!
- Does the current CANS reflect the clinical presentation?
- What has been tried before? Was it successful?
- Is the service an appropriate match to the strengths and needs of the family?
- Was it actually delivered? How well was it delivered? (How will you know?)
- Is the youth progressing towards the goals set by the family and FAPT?
- What changes need to be made to the plan?
- What is the transition or discharge plan?
- Is there a service missing in your locality that could have improved the care? Brought them home faster?

## Gloucester FAPT Utilization Review

**Case Name:**  
**Date of Last Review:**

**Date of Initial Referral:**  
**Date of Current Review:**

**Referring Agency:**    DSS         CSB         CSU         GCPS

**Case Manager:**  
**Email:**

**Phone Number:**

Foster Care    Foster Care Prevention    IEP/Special Education    CHINS    Non-Mandated

Name of Child	DOB	Sex	Social Security #	Race
		Female		Caucasian
<b>Current Caregiver/Placement of Child</b> *Note relationship to child if not biological parent.				
<b>Address</b>			<b>Telephone</b>	
School	Grade	Special Ed		Classification
		<input type="checkbox"/>	No	<input type="checkbox"/> Yes

**Medicaid:**  Yes    No   **Other insurance:**  No    Yes, list:

**IV-E Eligible:**  Yes         No         Pending    Not applicable

**List the current diagnoses:**

<b>Axis I</b>	
<b>Axis II</b>	
<b>Axis III</b>	
<b>Axis IV</b>	
<b>Axis V</b>	

**List the current medications:**

Medication	Dosage and Frequency	Treating what Condition

# HOME-BASED UR REPORT

## Purpose/type of home-based service (check all that apply):

- Family preservation (e.g., reunification, supervised home visits, parent training)
- Behavior Management/Consultation (e.g. ABA)
- Intensive Home-based Services (e.g., treatment of youth for emotional/behavioral problems)
- Community-based supports (e.g., mentoring, in-home respite, supervision)

Based on the provider reports, changes in CANS scores and other sources of information, have the home-based services been effective?

Have the goals and objectives for continued home-based services been clearly identified? Is it likely that additional home-based services will achieve the expected outcomes?

Is a transition plan included in the IFSP/ agency service plan?

Have community-based resources/services and natural supports been identified to assist the youth and family in transitioning out of purchased services?

Additional comments or recommendations

Sources of information: \_\_\_\_\_

# RESIDENTIAL – GROUP HOME UR REPORT

**Service Type:**             RTC             Group Home **Type of UR:**  Initial  Request for Extension

**The youth meets the criteria for an RTC/ GH level of care based on identified needs, risk behaviors, and current functioning.**

Yes  No  Cannot assess  Not applicable

**Youth and caregiver strengths, available community resources, and prior/current lesser restrictive interventions have been considered before determining the need for an RTC/GH level of care.**

Yes  No  Cannot assess  Not applicable

**The treatment plan developed in collaboration with the youth/family, case manager, CST members, and private provider is comprehensive and adequately addresses the identified needs, risk behaviors, and functioning of the youth and his/her family.**

Yes  No  Cannot assess  Not applicable

**The IFSP and/or agency service plan includes services that are necessary for the youth to successfully step-down to the community to return to a family setting in a timely manner.**

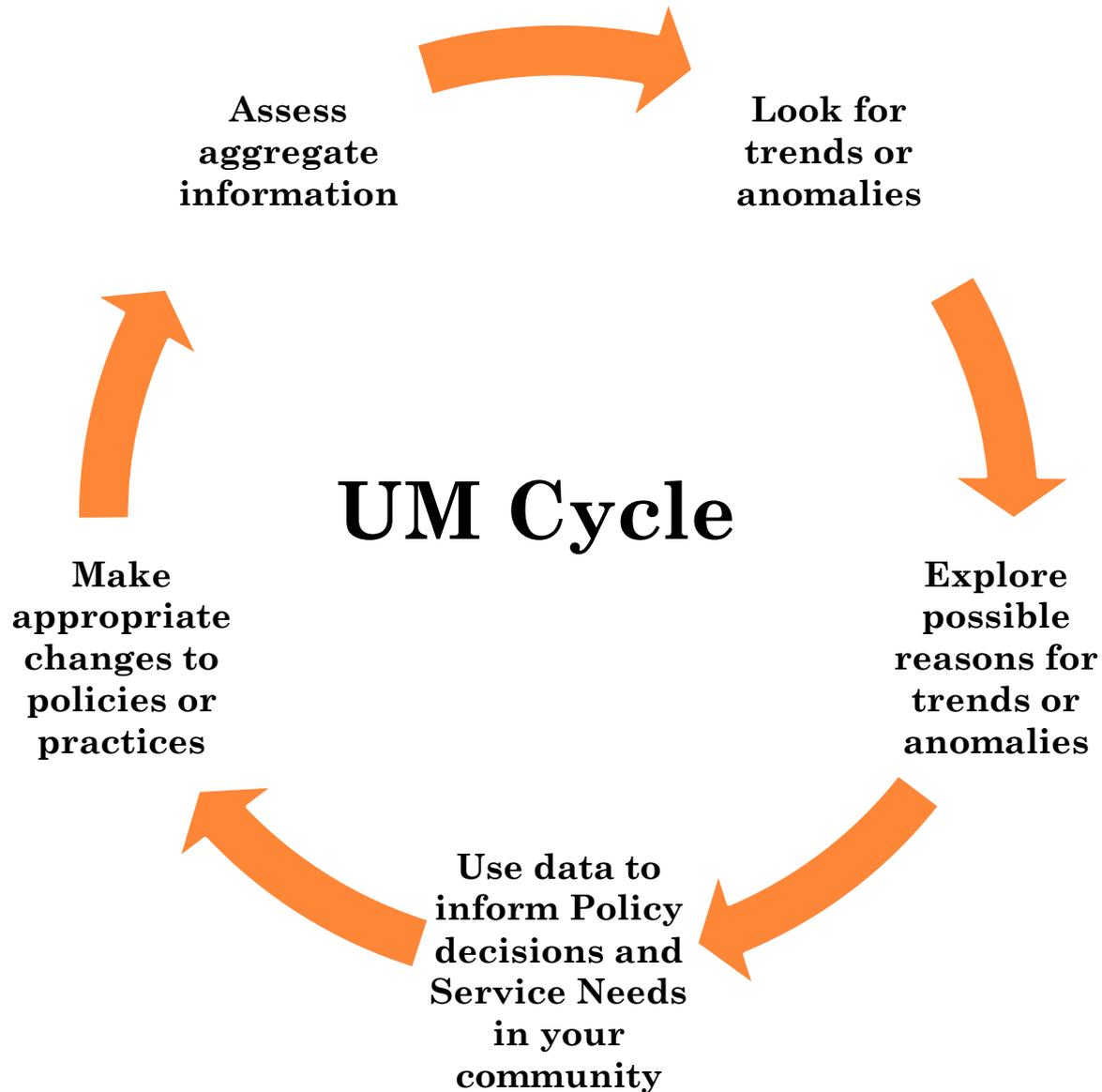
Yes  No  Cannot assess  Not applicable

**The treatment plan provides clear discharge criteria and a realistic discharge date.**

Yes  No  Cannot assess  Not applicable

**Other UR recommendations or comments for the FAPT:**

# UM CYCLE



# WHAT KINDS OF THINGS CAN BE INCLUDED IN UTILIZATION MANAGEMENT?

- What are the needs of the youth and families seeking services?
- What do the cluster of needs on the CANS look like for your youth in:
  - Group homes
  - Residential
  - Intensive in-home
  - Any other service you identify in your locality that you would like to study.
- What services are being used?
- Which services or service providers are working best?
- Which services or service providers are not working as well?
- How long are children receiving higher levels of service?
- Are the children improving at the higher levels of service?

Your UM process should be directly informing your critical gaps survey and service needs of your locality.

# UM REPORTS CAN INCLUDE MANY DATA POINTS

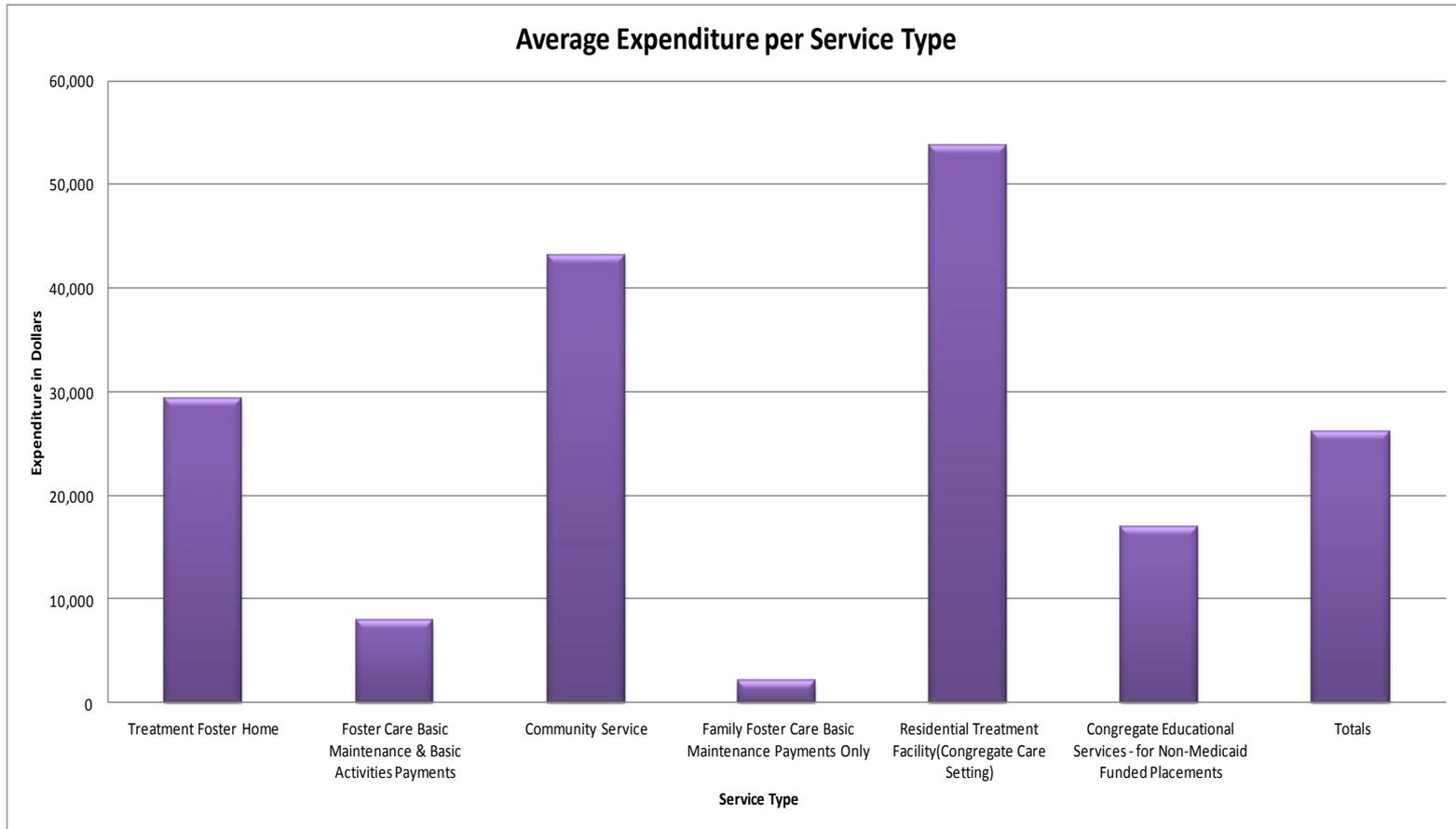
- Average cost per service
- Services per family
- Demographic Information
- Mandate types
- Service types used

As just a few suggestions of places to start.

# CHART EXAMPLE FROM STATEWIDE STATISTICS PAGE

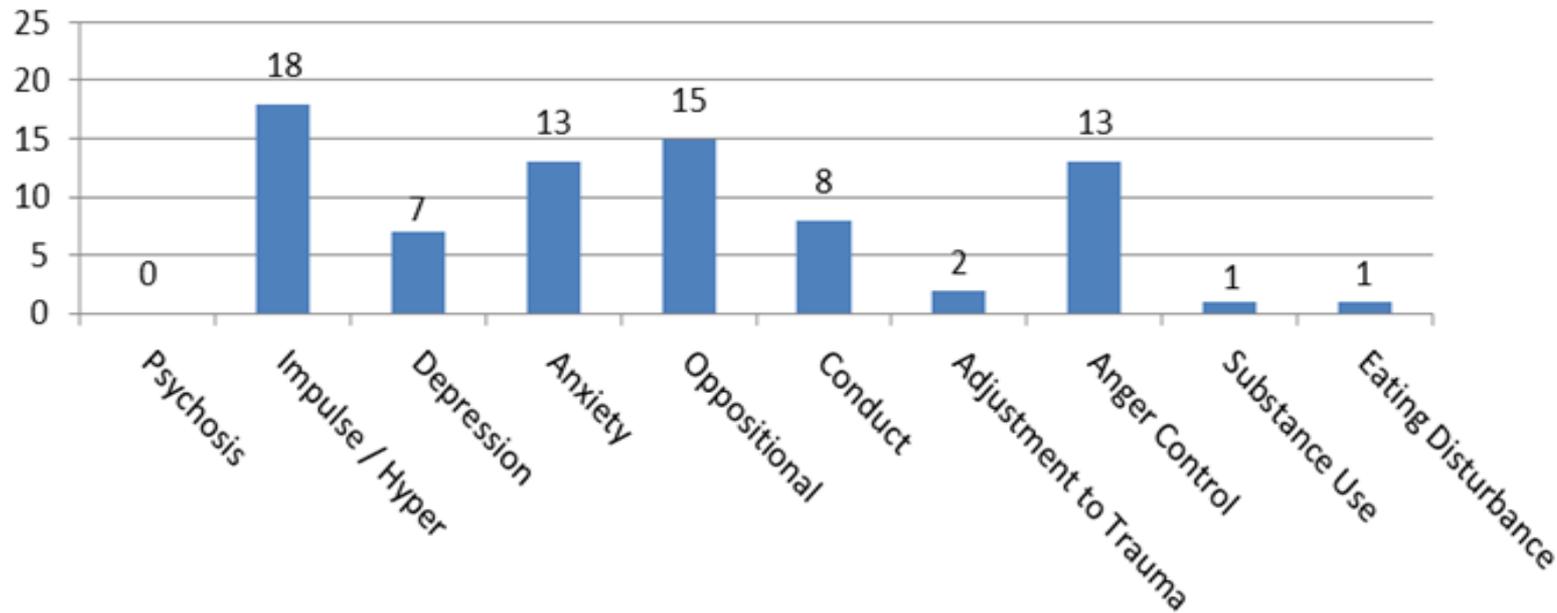
Service/Placement Type	Child	Service	Actual FY12	Projected	Projected	Avg	Avg
	Count	Count	Expenditures	Addl. FY12	Total FY12	Expenditures	Expenditures
			YTD	Expenditures	Expenditures	/Child	/Service
Treatment Foster Home	4	11	167,664	153,968	321,632	80,408	29,240
Foster Care Basic Maintenance & Basic Activities Payments	6	6	30,867	16,179	47,046	7,841	7,841
Community Service	6	6	72,472	186,144	258,616	43,103	43,103
Family Foster Care Basic Maintenance Payments Only	3	3	5,798	378	6,176	2,059	2,059
Residential Treatment Facility(Congregate Care Setting)	2	2	107,405	0	107,405	53,703	53,703
Congregate Educational Services - for Non-Medicaid Funded Placements	1	1	0	16,880	16,880	16,880	16,880
<b>Totals</b>	<b>17</b>	<b>29</b>	<b>384,206</b>	<b>373,549</b>	<b>757,755</b>	<b>44,574</b>	<b>26,130</b>

# CHART EXAMPLE FROM STATEWIDE STATISTICS PAGE

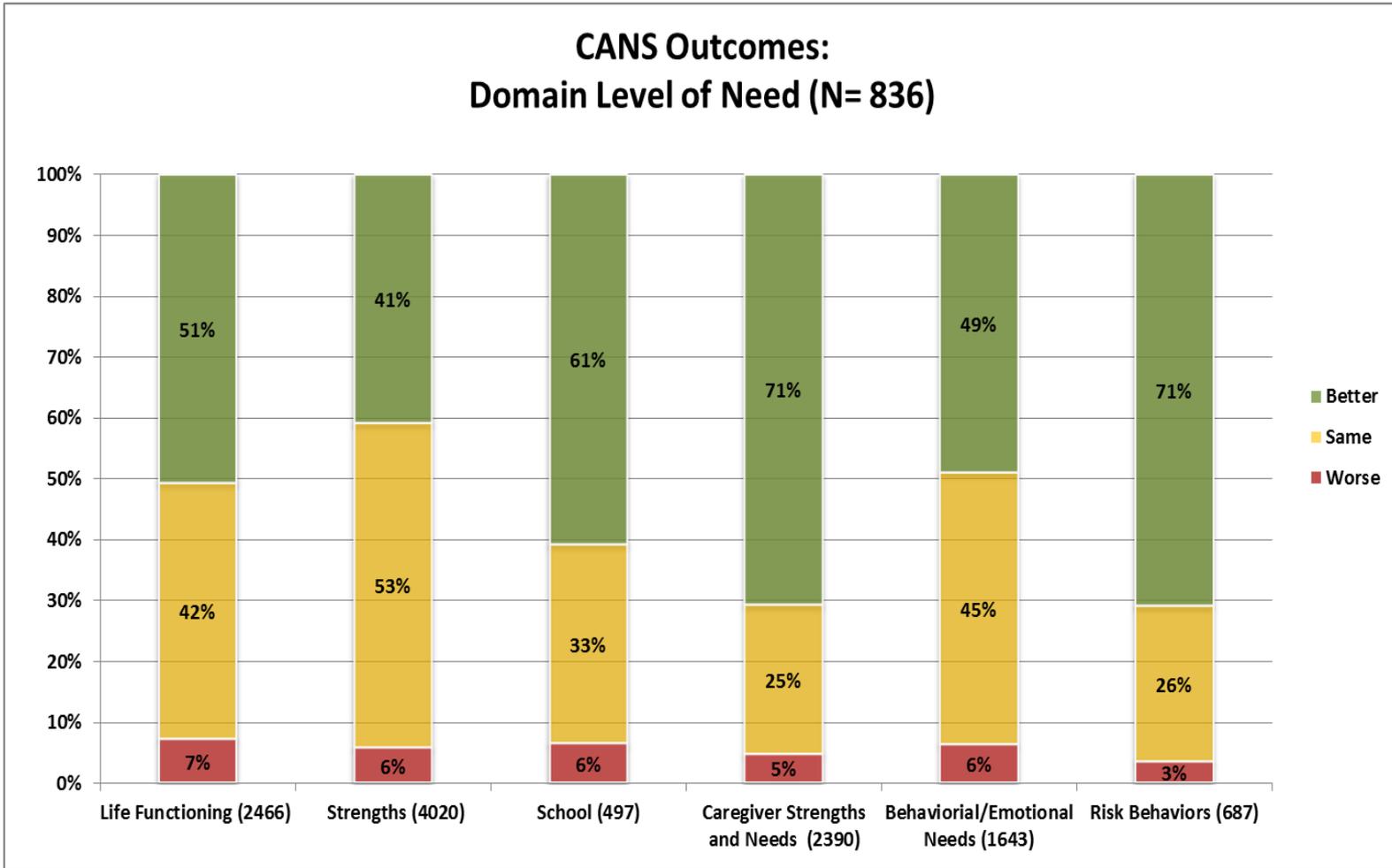


# UM REPORTS: CANS

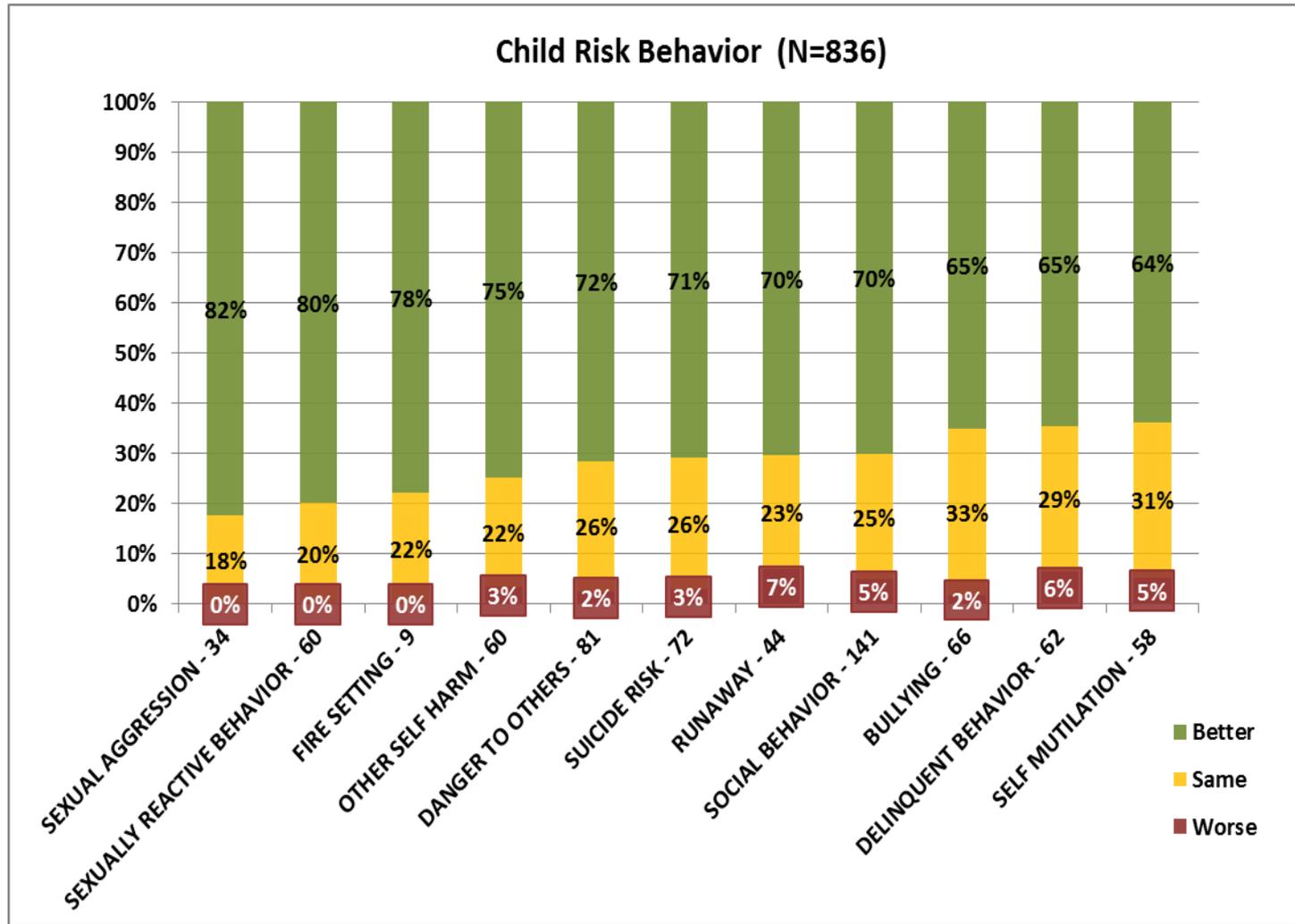
**Prevalence of Needs: Child Behavioral/  
Emotional Needs (n=24) 11/18/2011**



# UM REPORTS: CANS OUTCOMES



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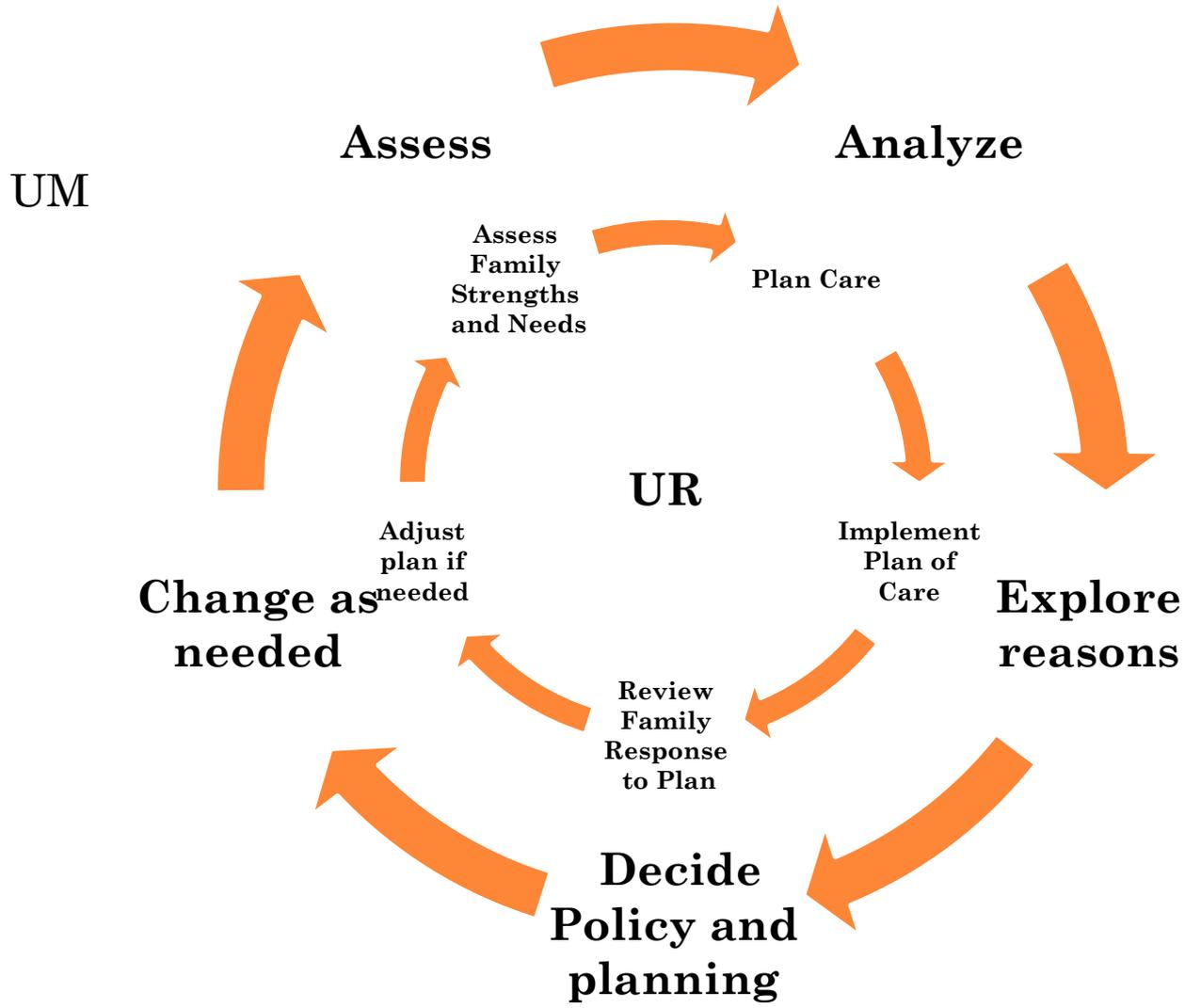


# UM/UR CONSIDERATIONS FOR YOUR SPECIFIC LOCALITY

How do you take UR/UM and mold it to meet your specific locality needs?

- Some of the things to consider are
  - How are your IFSPs developed?
    - By the case manager?
    - By FAPT?
    - By an MDT, FTM, or CST?
  - How do you incorporate UR into those roles?
  - Is UR a pre-authorization role? Is it a continuation of services model? Is it an internal review or is there an external review that incorporated?

# THEN WHAT DO WE DO?



As with any cycle, you just keep pedaling.