

CYF OUTPATIENT LEVEL OF CARE BRIEF TREATMENT MODEL GUIDELINES

On 1-1-10 the children Outpatient Organizational Providers system transitioned from time to session based services. This transition established session limited brief treatment that is intended to be efficient and effective across target populations. Clients receive brief treatment services that focus on one or two most important issues identified by the client/family and treatment episode concludes when those are stabilized. Intent is to provide appropriate services in a timely fashion and allow access back into the system when needed (episodic care as indicated).

All referrals shall be screened by a clinician for appropriate level of care. Brief screening will be conducted without an episode opening and done on the phone unless the caregiver/youth is a walk in. Screening will facilitate timely and appropriate services which are family centered and support maximizing capacity at the Organizational Provider level. Direct referrals from the Access and Crisis Line (ACL) do not require program screening as screening was completed by the ACL, and therefore an assessment appointment shall be offered. To determine level of care, clinician brief screening (non billable activity) will consider:

- Risk of Harm
- Functional Status
- Co-Morbidity
- Environmental Stress and Support
- Resiliency and Treatment History
- Caregiver Acceptance and Engagement

Based on brief screening, the appropriate level of care will be determined and communicated to the caregiver/youth. In addition to the use of natural community resources, the **Outpatient Level of Care** consists of:

Clinical Presentation	Appropriate Provider	Session Level	Notes
Mild / Non Complex calling for medical intervention or medication	Primary Care Physician (PCP) Medical Home Health Plans	TBD by medical team	
Mild / Non Complex need	Fee for Service (FFS) Network via Access and Crisis Line (ACL)	Roughly 6 to 12 sessions	Organizational Provider calls the ACL to inform of screening/recommendation
Moderate / Complex needs Medical Necessity met	Organizational Provider	Up to 13 sessions	UM is required annually, if 13 sessions are not used within 12 month period.
Severely Emotionally Disturbed (SED) Pervasive impairment	Organizational Provider	Up to 26 sessions	Require program level UM
Current Risk Factors	Organizational Provider Ancillary Services	27 Sessions and beyond	Require COR UM approval
Children/Youth who present with safety risk factors may require a 911 contact and/or an evaluation at the Emergency Screening Unit (ESU) to determine need for crisis stabilization or inpatient psychiatric care.			

Physical Health Coordination

- Coordination of Physical and Behavioral Health form shall be completed for all CYF- BHS clients at intake and as clinical services progress; encouraging communication between caregiver/youth, clinician and PCP/Medical Home. When needed BHS provider shall connect client to Medical Home. Medical provider shall be informed by program when client is discharged from services.
- Program shall refer clients who are stable on medication to the PCP. If the PCP is not yet comfortable taking over the medication services, program will continue to provide PCP with updates and regularly

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assess the ability to transfer medication monitoring to PCP; documenting all efforts.

- PCP will be offered regular updates on medication only clients with the objective of transferring those clients who are stable on medication to their Medical Home. Regular updates to PCP will facilitate improved client care through care coordination and assist in building relationships with PCP to work towards collaborative treatment.

Initial Eligibility – at Organizational Provider Level

Clients that meet the criteria for Title 9 medical necessity shall be eligible for 13 or 18 sessions (within a 12 month period).

- 1 Assessment Session
- 12 Individual Treatment sessions or 17 Group or Family Treatment sessions
- Emphasis on group and family treatment should be considered
- Adhere to Children, Youth and Families Services (CYF) SED Priority Population – others seen when space permits and priorities as follows:
 - Emergency – assessed within 1 hour or referred to ESU/911
 - Urgent – seen within 72 hours of contact
 - Routine – seen within 5 calendar days of initial client contact/referral
- Clients receiving group and/or family sessions only are eligible for an additional five (5) group or family sessions for a total of 18 sessions.
- Applies to Medi-Cal, MHSA (indigent), and Healthy Families SED clients which are transitioning to Medi-Cal under Targeted Low Income Children’s Program (TLICP).
- Included services (count toward 13 or 18 sessions): assessment, individual, family and/or group treatment. Individual rehabilitative services are included when provided by a clinician.
- Excluded services (not counted toward 13 or 18 sessions): medication management, case management brokerage (CMBR), crisis intervention (CI), plan development, evaluation of records, report preparation, Therapeutic Behavioral Services (TBS), psychological testing (for those programs approved to do testing), and collateral (contact with significant others such as teachers, probation officers, child welfare services workers, and parent/guardians). Paraprofessional rehabilitative services (Rehab-individual, Rehab-group, and Rehab-family) are excluded.
- No-show appointments count toward the 13 or 18 sessions. Cancelled appointments do not.
- The majority of clients will only be eligible for the initial 13 or 18 treatment sessions.
- If the client did not exhaust all 13 or 18 sessions within a 12 month period, the program is required to complete a UM review (program level UM authorization) to determine if the client will need the remaining sessions (or less or more).
- At the conclusion of the initial 13 or 18 authorized treatment sessions, the client assignment shall be closed unless the client meets SED criteria and reauthorization is obtained (program level UM authorization).
- Medication Only cases may continue as needed and under existing procedure and are excluded from UM but continue to be subject Medication Monitoring process.
- Clients returning to treatment from Medication Only services may technically still have authorized services from last UM cycle; however, a change in service needs would indicate a need for an updated UM review as well as a new Client Plan. If the client had received less than 26 or 32 sessions since episode opening, an internal (program level) UM should occur to authorize up to 26 or 32 sessions from episode opening. If the client has received 26 or 32 or more session, UM request shall be submitted to the COR.
- Evidence Based Programs may be pre-authorized for the program to provide services for the time limited term of the model with written COR documentation.

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Eligibility and Utilization Management: In order to continue services beyond 13 or 18 treatment sessions, clients shall meet specific criteria and be reviewed through a Utilization Management process, conducted internally at each program by a licensed clinician.

A. Utilization Management

- Services may continue for 1 to 13 or 18 additional treatment sessions when clinically indicated as determined by UM review.
- The subsequent 13 or 18 treatment sessions must meet all three of the following criteria:
 - 1) Continued Medical Necessity with demonstrated benefit from services
 - 2) Meet SED criteria – pervasive impairment
 - 3) Consistent participation in services
- The UM process is completed before the end of 13 or 18 sessions to determine continued eligibility and services
- Completion date of CANS for current UM request provided. Utilize information from CYF-mHOMS CANS Assessment Summary to identify the number of needs rated at a ‘2’ (Help is Needed) and ‘3’ (High Need). List the Strengths from the assessment summary that could be leveraged to meet treatment goals and reduce symptomology
- Completion date of PSC and PSC-Y (when applicable) for current UM request provided. Utilize information from the CYF mHOMS PSC Assessment Summary to identify the total scale score for both the Parent PSC and Youth PSC. If the Parent PSC or Youth PSC was not completed for the current UM request, indicate on form

B. The UM criteria are specifically defined as follows:

- Continue to meet Medical Necessity and demonstrate benefit from services (showing progress).
- Consistent participation in services as prescribed by treating clinician.
- Meet SED criteria:
 - 1) As a result of a mental disorder the child has substantial and persistent impairment in at least two of the following areas:
 - a. Self-care and self-regulation
 - b. Family relationships
 - c. Ability to function in the community
 - d. School functioning

AND one of the following occurs:

- e. Child is at risk for removal from home due to a mental disorder.
- f. Child has been removed from home due to a mental disorder.
- g. Mental disorder/impairment is severe and has been present for six months, or is highly likely to continue for more than one year without treatment.

OR

- 2) The child displays: acute psychotic features, is an imminent risk for suicide or imminent risk of violence due to a mental disorder.

Post 26 or 32 Sessions

- Must obtain prior written COR approval.
- Approximately 10% of those clients who successfully went through the initial UM will require more than 26 or 32 treatment sessions.

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To continue beyond 26 or 32 treatment sessions clients shall be reviewed through a UM process and meet the following five criteria in order to obtain COR approval:

- Continued Medical Necessity and demonstrated benefit from services
- Meet SED criteria – pervasive impairment
- Provide completion date of CANS for current UM request. Utilize information from CYF-mHOMS CANS Assessment Summary to identify the number of needs rated at a ‘2’ (Help is Needed) and ‘3’ (High Need). List the Strengths from the assessment summary that could be leveraged to meet treatment goals and reduce symptomology.
- Provide completion date of PSC and PSC-Y (when applicable) for current UM request. Utilize information from the CYF mHOMS PSC Assessment Summary to identify the total scale score for both the Parent PSC and Youth PSC. If the Parent PSC or Youth PSC was not completed for the current UM request, indicate on form.
- Consistent participation in services
- Meet a minimum of one continuing current Risk Factor related to child’s primary diagnosis:
 - 1) Child has been a danger to self or other(s) in the last two weeks.
 - 2) Child experienced severe physical or sexual abuse or has been exposed to extreme violent behaviors in the home in the last two weeks.
 - 3) Child’s behaviors are so substantial and persistent that the current living situation is in jeopardy.
 - 4) Child exhibited bizarre behaviors in the last two weeks.
 - 5) Child has experienced trauma within the last two weeks. “A trauma is an exceptional experience in which powerful and dangerous events overwhelm the person’s capacity to cope.”

Utilization Management:

- Clinicians will clearly explain the process and limitations of services to client/families upon intake.
- Community services shall be routinely explored as natural support systems for clients and families, with an emphasis on establishing and strengthening those connections so a supported and sustainable transition out of services can occur.
- UM will be completed at the program level; approval will be by a licensed clinician only. (Post 26 or 32 sessions requires written authorization from COR).
- Programs with Family Partners will include the Family Partner as part of the UM review process.
- UM forms will be utilized and will be accompanied by a new Client Plan. Client Plans will be completed within thirty (30) days of admission and Reviewed prior to UM request.
- Updated CANS are entered in CYF mHOMS
- Updated PSC-35 are entered in CYF mHOMS
- Providers are required to implement a system to track UM for each client; this may be done at the Cerner CCBH Clinician Home Page.
- Program Managers will report on the Quarterly Status Report (QSR) the number of screenings and disposition, the number of clients seen at 13, 18, 26, 32 and beyond 26 or 32 sessions as it compares to the total number of clients being served. This allows for program self-assessment of adherence to brief treatment model.
- Retroactive authorization cannot be obtained at the program level through the UM process (COR shall be informed when no UM is in place to determine retroactive authorization).
- Written exception to the UM process by evidence based program may be obtained from COR.
- Documentation from COR approving post 26 or 32 sessions shall be in medical record and a notation of COR approval shall be documented on the UM form.
- Clients who seek re-entry post a recently closed assignment (approximately 6 months) shall be evaluated for a new or exacerbated stressor. If client presents a different clinic, previous provider shall be consulted.

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INCLUDED AND EXCLUDED SERVICE CODES FOR UTILIZATION MANAGEMENT

Service Codes designated “*included*” are counted towards the number of sessions subject to utilization management process.

Service Codes designated “*excluded*” are not counted as part of utilization management. All services provided by paraprofessional staff are not subject to utilization management and do not count toward the treatment session limit.

INCLUDED: Service Codes for services provided by a *licensed* or *licensed eligible* provider:

9	ASSESSMENT PSYCHOSOCIAL INTERACTIVE	included
10	ASSESSMENT - PSYCHOSOCIAL	included
30	PSYCHOTHERAPY - INDIVIDUAL	included
31	PSYCHOTHERAPY - GROUP	included
32	PSYCHOTHERAPY - FAMILY	included
34	REHAB – INDIVIDUAL	included
35	REHAB – GROUP	included
36	REHAB – FAMILY	included
38	PSYCHOTHERAPY INTERACTIVE - INDIVIDUAL	included
39	PSYCHOTHERAPY INTERACTIVE - GROUP	included
83	KTA – INTENSIVE HOME BASED SERVICES	included

EXCLUDED: Service Codes for services provided by a *licensed* or *licensed eligible* provider:

5	SCREENING	excluded
11	MEDICATION EVALUATION	excluded
12	PSYCHOLOGICAL TESTING	excluded
13	PLAN DEVELOPMENT	excluded
14	EVALUATIONS OF RECORDS FOR ASSESSMENT	excluded
15	EXTERNAL REPORT PREPARATION	excluded
20	MEDICATION SERVICES COMPREHENSIVE	excluded
21	MEDICATION EDUCATION GROUP	excluded
23	MED CHECK MD BRIEF	excluded
24	MEDS EM MINIMAL PROBLEM	excluded
25	MEDS EM MINOR PROBLEM	excluded
26	MEDS EM EXPANDED LOW	excluded
27	MEDS EM DETAILED MODERATE	excluded
28	MEDS EM COMPREHENSIVE HIGH	excluded
33	COLLATERAL	excluded
40	COLLATERAL GROUP	excluded
46	THERAPEUTIC BEH. SVCS. (TBS) – Plan Development	excluded
47	THERAPEUTIC BEH. SVCS. (TBS) – Direct Services	excluded
48	THERAPEUTIC BEH. SVCS. (TBS) -Assessment	excluded
49	THERAPEUTIC BEH. SVCS. (TBS) – Collateral	excluded
50	CASE MANAGEMENT/BROKERAGE	excluded
63	SUBSTANCE ABUSE EDUCATION	excluded
65	COMMUNITY SERVICES	excluded
70	CRISIS INTERVENTION	excluded
82	KTA – INTENSIVE CARE COORDINATION	excluded
90	CRISIS STABILIZATION	excluded
95	DAY TREATMENT	excluded

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