

County of San Diego Behavioral Health Plan
UTILIZATION MANAGEMENT (UM) REQUEST
Children's Mental Health Outpatient Treatment Programs

2024

REQUEST COMPLETED BY:

- Licensed/Waivered Psychologist
- Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- Licensed/Registered Professional Clinical Counselor
- Physician (MD or DO)
- Nurse Practitioner

APPROVAL COMPLETED BY:

- Program Manager/Program UM Committee

COMPLIANCE REQUIREMENTS:

- Clinicians are expected to clearly explain the short-term treatment model and UM process for additional services based on need to client/families upon intake.
- Prior to expiration of the current UM Cycle, programs are expected to complete a UM Request to receive approval for providing additional outpatient and case management services to clients.
- UM Request Form must have all required elements (listed below) completed within the form.
- In addition to completing the UM form, the following tasks are required prior to submitting the request:
 - Updated CANS in SmartCare
 - Updated PSC entered in SmartCare
- Care Plan and/ or Problem List must be reviewed

DOCUMENTATION STANDARDS:

- A. Current Services:** Identify current services, admission date, diagnosis, Pathways status, current symptoms and if youth/family is requesting additional services.
- B. Psychiatric Hospitalizations:** Provide information pertaining to recent hospitalizations; including most recent date(s) and other services client is receiving when applicable.
- C. Child and Adolescent Needs and Strengths:** Provide completion date of CANS for current UM request. Utilize information from CANS to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the number of Strengths from the CANS that could be leveraged to meet treatment goals and reduce symptomology.
- D. Pediatric Symptom Checklist:** Provide completion date of PSC for current UM request. Utilize information from the PSC to identify the total score for the Parent PSC. If subscale scores are not available, enter n/a. If the Parent PSC was not completed for the current UM request, indicate on form.
- E. Updated Care Plan and/ or Problem List:** Update the care plan and/ or Problem List in SmartCare prior to initiating the UM request. The updated care plan/ Problem List must be reviewed by Program UM Committee and presented to the youth/family for input and signatures.
- F. Eligibility Criteria:** Outline how Medical Necessity is met and describe how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210).
- G. Proposed Treatment Modalities:** Select the proposed treatment modalities to mitigate current risk factors.
- H. Expected Outcome and Prognosis:** Select the projected functioning level from providing the additional services.

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- I. Requested Number of Months:** Identify the number of months needed to achieve expected outcome.
- J. Requestor Name and Credential:** Type in requestor's name and date.
- K. UM Determination/Approval:** Program UM Committee selects the approval status, indicates time approved, UM Committee Member's name and date.

NOTES:

- All retroactive approvals must be documented by the UM Committee in Section K in the comments section under UM Determination/ Approval.
- UM is a non-billable activity. Therefore, there is no billing for preparation of the UM form or for the UM review time spent on the case. UM is an administrative function.
- UM request that is denied or authorized for a reduced/modified amount, duration, or scope other than requested will require issuing a Notice of Adverse Benefit Determination (NOABD) to beneficiary/family/clinician within stipulated timelines.