

**UTILIZATION MANAGEMENT (UM) REQUEST
CYF - Outpatient Treatment**

FOR COR SUBMISSION THE CLIENT NAME AND NUMBER MUST BE REDACTED (utilize initials vs. full client name)

A. Program UM Cycle:

- Program follows a **STANDARD session based UM Cycle** (13 or 18 initial treatment session, followed by Program UM for up to an additional 13 or 18 treatment session, and requiring COR UM review and approval for any additional treatment sessions).
- Program follows a **MODIFIED UM Cycle** (time based or extended sessions) approved by COR (*written exception on file*).
 The UM time based cycle is _____ months.
 The UM is a _____ session cycle.

B. UM Level Request:

- This is a Program Level UM request
- This is a COR Level UM request - number of treatment sessions received to date:
 - Initial COR Level UM request
 - Prior COR Level UM requests – attach prior correspondence and approval

C. CURRENT SERVICES:

- Therapy CM/ICC Rehab/IHBS
- Meds
- Youth/family requesting additional services?**
- YES NO Other
- Explain: _____

ADMISSION DATE:

DIAGNOSIS:

- Pathway Enhanced (Subclass)

DESCRIPTION OF SYMPTOMS:

D. Psychiatric Hospitalizations: YES NO

Provide most recent dates of hospitalization and relevant history when applicable:

Other Behavioral Health Services Client is Receiving *when applicable:*

E. Child and Adolescent Needs and Strengths (CANS)

Date of most current CANS (*Required at UM Cycle*):

Number of CANS ‘High Need’ (items rated a ‘3’) (*from current Assessment Summary*):

Number of CANS ‘Help is Needed’ (items rated a ‘2’) (*from current Assessment Summary*):

List the CANS ‘Strengths to Leverage’ items (*from current Assessment Summary*):

- CANS Assessment Summary is available for UM reviewer

Pediatric Symptom Checklist (PSC): (*Required at UM Cycle*)

Date of most current Parent PSC:

- Parent did not complete

Date of most current Youth PSC:

- Not applicable, child is 10 years old or younger
- Youth did not complete

	<u>Parent PSC Score</u>	<u>Youth PSC Score</u>	<u>Clinical Cutoff Score</u>
Attention Problems Subscale (0-10)	_____	_____	At-Risk if score is 7 or higher
Internalizing Problems Subscale (0-10)	_____	_____	At-Risk if score is 5 or higher
Externalizing Problems Subscale (0-14)	_____	_____	At-Risk if score is 7 or higher
*Total Scale Score	_____	_____	

***Parent:** Total score of 28 or higher for ages 6-18 or scale score of 24 or higher for ages 3-5 indicates impairment

***Youth:** Score of 30 or higher for ages 11-18 indicates impairment

- PSC Assessment Summary is available for UM reviewer

G. Updated Client Plan completed prior to UM request (reviewed by Program UM Committee)

H. RATIONALE FOR ADDITIONAL SERVICES:

I. PRIMARY ELIGIBILITY CRITERIA:

- Client continues to meet **Medical Necessity** and demonstrates benefit from services
 - CANS indicate at least one actionable need (rated 2 or 3) on the ‘Child Behavioral and Emotional Needs’, ‘Risk Behaviors’ OR ‘Life Functioning’
 - Client meets the criteria for **Serious Emotional Disturbance** based upon the following:
As a result of a mental disorder the child has substantial and persistent impairment in at least two of the following areas:
 - Self-care and self- regulation
 - Family relationships
 - Ability to function in the community
 - School functioning
- AND One of the following occurs:**
- Child at risk for removal from home due to a mental disorder
 - Child has been removed from home due to a mental disorder
 - 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 The child displays:**
- acute psychotic features (within the last month)
 - imminent or recent high risk for suicide (within the last month)
 - imminent or recent high risk of violence to others due to a mental disorder (within the last month)

J. SECONDARY ELIGIBILITY CRITERIA – Required for COR Level Approval:

- Client has met the above criteria as indicated **AND** meets a minimum of one of the following **Current Risk Factor** related to child’s primary diagnosis:
 - Child has been a danger to self or other in the last month
 - Child experienced severe physical or sexual abuse or has been exposed to extreme violence in the last month
 - Child’s behaviors are so substantial and persistent that current living situation is in jeopardy
 - Child exhibited bizarre behaviors in the last month
 - Child has experienced traumatic event within the last month
 - Current PSC Youth or Parent indicates overall impairment (28 or higher for parent / 30 or higher for youth)
 - Other

K. Proposed Treatment Modalities:

- Family Therapy
- Individual Therapy
- Case Management/ICC
- Medication Services
- Group Therapy
- Collateral Services
- Rehab/IHBS
- Other

L. Expected Outcome and Prognosis:

- Return to full functioning
- Expect improvement but less than full functioning
- Relieve acute symptoms, return to baseline functioning
- Maintain current status/prevent deterioration

M. REQUESTED NUMBER OF SESSIONS:

REQUESTED NUMBER OF MONTHS:
(for programs under written COR approval)

N. Requestor’s Name, Credential:

Date:

O. UM DETERMINATION / APPROVAL

Program UM Committee (always required)

- UM Approved Modified UM Request UM Not Approved **Sessions/Time Approved:** **OR**
- Supports COR Level UM Request Does not supports COR Level UM Request Other:

Approver’s Name, Credential:

Date:

Comments:

COR Level (when applicable) Applicable Not Applicable

- UM Approved Modified UM Request UM Not Approved Retro UM Approval

Sessions/Time Approved:

Date:

Program transcribes COR determination onto form and attaches COR determination correspondence