



Behavioral Health Services
Delegation Agreement
Program Utilization Review Quality Committee (PURQC)

Instructions: All open cases must go through an initial PURQC process at 1 year. At that point, depending on clinical presentation, the PURQC committee may choose to authorize and/or provide clinical recommendations concerning continued services, treatment directions or intensity of services. Please see the Authorization Guidelines attached to the PURQC Clinical Review Form for additional information.

FY15-16 Delegation Agreement Due Date: September 1, 2015

Submit via Mail or E-Mail to: Maximilian Rocha, Deputy Director CYF System of Care
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Organization-Agency Information

Name of Organization-Agency:

RU Number(s):

Approximate number of cases expected to go through PURQC process annually:

Description of PURQC Process

1. Identify the PURQC Members

It is suggested that the committee be led by a licensed staff member and that the PURQC include a psychiatrist (if your clinic has one); it is also suggested that staff members rotate through the PURQC process and that at least 2 individuals (clinicians with MA degree or higher) be designated for the committee). To maximize the clinical utility of PURQC, the committee members should have diverse expertise (e.g., to enhance clinical decision making processes, suggest various evidence-based practices, identify needed community partnerships and supports, highlight risk management areas as well as provide a multicultural and trauma-informed lens). Within this clinically focused framework, PURQC can also function as a clinical consultation for clinical supervisors and/or providers attend to present and discuss cases as needed.

Name	Title/License	Area of Expertise
Chair:		
Member 1:		
Member 2:		
Member 3:		
Member 4:		

2. Describe your initial and ongoing training for PURQC Members? Areas of training include general processes as well as the PURQC clinical consultation model?

3. Given that clinical conversation will now occur in PURQC, how frequently and for how long will the committee meet to accommodate these conversations?

4. Which process and tools will you utilize to ensure documentation meets compliance requirements? (If you choose to use tools other than the ones SFHN-BHS has provided, please attach them)

5. To ensure that the PURQC can make authorization decisions based on meaningful clinical information, describe the clinical tools/data/consultations you use in your review process? (If you choose to use tools other than the ones SFHN-BHS has provided, please attach them)

6. How would you envision managing potential authorization disagreements that might emerge among the PURQC committee, family members and/or clinical providers?

7. How do you track and store your PURQC processes and decisions and prepare them for an audit process? (Please attach copies of minutes, spreadsheet, etc or list AVATAR reports)

Agency Authorized Representative

Date

SFHN-BHS Authorized Representative

Date