

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
SF Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **Utilization Management Policy and Procedures for San Francisco County Children, Youth, & Families System of Care for *Intensive Care Coordination/ Intensive Home-Based Services***

Issued By:
Director of Community Behavioral Health Services

Date: March 2, 2020

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References: DHCS MHSUDS
Information Notice No.: 19-026

New Policy

Purpose:

As specified in *DHCS' MHSUDS INFORMATION NOTICE NO.: 19-026*, San Francisco County Children, Youth & Families System of Care (CYF SOC) includes a Utilization Management (UM) Program to authorize services for beneficiaries receiving *Intensive Care Coordination/Intensive Home-Based Services (ICC/IHBS)*.

Scope:

The following procedures are applicable to all BHS civil service and contracted providers of *Intensive Care Coordination/Intensive Home-Based Services (ICC/IHBS)* that meet the following service definitions.

Intensive Care Coordination (ICC) is a targeted case management service that facilitates assessment of, care planning for, and coordination of services, including urgent services for beneficiaries with intensive needs. An ICC coordinator serves as the single point of accountability to:

- Ensure that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the child or youth
- Facilitate a collaborative relationship among the child or youth, his/her family and involved child-serving systems
- Support the parent/caregiver in meeting their child or youth's needs
- Help establish the Child and Family Team (CFT) and provide ongoing support
- Organize and match care across providers and child serving systems to allow the child or youth to be served in his/her home community.

ICC may be provided to clients living and receiving services in the community (including in a TFC home), as well as to clients who are currently in the hospital, group home, Short Term Residential Therapeutic Program, or other congregate or institutional placement. When ICC is provided in a hospital, psychiatric health facility, community treatment facility, or psychiatric nursing facility, it solely will be

used for the purpose of coordinating placement of the client on discharge from those facilities and may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three, nonconsecutive periods of 30 calendar days or less per continuous stay in the facility, as part of discharge planning.

Intensive Home Based Services (IHBS) are mental health rehabilitation services provided to Medi-Cal clients as medically necessary. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a client's functioning and are aimed at helping the client build skills necessary for successful functioning in the home and community and improving the client's family ability to help the client successfully function in the home and community. Service activities may include, but are not limited to:

- Medically necessary, skills-based interventions for the remediation of behaviors or improvement of symptoms, including but not limited to the implementation of a positive behavioral plan and/or modeling interventions for the client's family and/or significant others to assist them in implementing the strategies
- Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace nonfunctional behavior that interferes with daily living tasks or the avoidance of exploitation by others
- Development of skills or replacement behaviors that allow the client to fully participate in the Child and Family Team (CFT) and service plans, including, but not limited to, the plan and/or child welfare service plan; Improvement of self-management of symptoms, including self-administration of medications as appropriate
- Education of the client and/or their family or caregiver(s) about, and how to manage the client's mental health disorder or symptoms
- Support of the development, maintenance and use of social networks including the use of natural and community resources
- Support to address behaviors that interfere with the achievement of a stable and permanent family life
- Support to address behaviors that interfere with seeking and maintaining a job
- Support to address behaviors that interfere with a client's success in achieving educational objectives in an academic program in the community
- Support to address behaviors that interfere with transitional independent living objectives such as seeking and maintaining housing and living independently.

Referrals for ICC/IHBS services are approved by the following organizational entities:

- CBHS CYF SOC RISK LEVEL-2 Committee
- Multi-Agency Services Team (MAST)
- SF Juvenile Probation Department (SFJPD) in coordination with CBHS AIIM HIGHER Program
- Family Mosaic Project

Upon approval, referrals are linked to the appropriate ICC/IHBS provider. Providers of ICC/IHBS Services shall implement the UM procedure described below to seek authorization for services. Planned services cannot be billed until the UM Committee has reviewed and approved request for services.

Procedures and Monitoring:

The Utilization Management authorization procedure consists of the following components:

- I. Making ICC/IHBS service authorization request
- II. Notifying requesting provider of decision on Service Authorization Request
- III. Providing beneficiaries written notice of denial/reduction of services
- IV. Ensuring quality of utilization management program

Details involved with the above components are as follows:

I. Making ICC/IHBS service authorization request

A. Initial authorization for services from CYF SOC UM Committee

Providers shall complete the following steps prior to submitting a request for an initial authorization for ICC/IHBS Services:

- i. Open a client record in AVATAR upon receipt of the referral
- ii. Convene a Child Family Team (CFT) meeting within 30 days of client's date of opening episode
- iii. Document in a progress note in AVATAR that a CFT meeting was conducted
- iv. Complete and finalize in AVATAR the client's CANS/Assessment, PSC 35 and Treatment Plan of Care within 60 days from date of opening episode

After steps A.i –iv are completed, ICC/IHBS Provider shall complete and submit an ICC/IHBS **Initial Service Authorization Request (SAR)** form to CYF SOC UM Committee to request authorization for services (Please note: the service request shall not exceed 6 months of duration).

The SAR shall be submitted to the following secure email or fax with the subject "ICC/IHBS Initial Authorization Service Authorization Request (SAR)".

- **Secure email:** cyfum@sfdph.org.

- **Secure fax:** (415) 255-3567. Faxes should be sent to the attention of Elyssa Marangco with an accompanying email to Elyssa.marangco@sfdph.org and cyfum@sfdph.org to ensure that your faxed SAR is retrieved and sent to the UM Committee.

B. CYF SOC UM Committee Review of Initial SAR

- The CYF SOC UM Committee shall review the ICC/IHBS Initial SAR from the requesting provider and return a decision as expeditiously as the beneficiary's mental health condition requires, and not to exceed 5 business days from the receipt of information reasonably necessary and requested by CYF SOC UM to make the determination.
- Initial SARs that are in need of an expedited review shall be reviewed as expeditiously as the beneficiary's health condition requires, but no later than 72 hours after the receipt of the request for service. CYF SOC UM may extend the 72 hour time frame for making an authorization decision for up to 14 additional calendar days, if the following conditions are met: The beneficiary or the provider requests and extension; or if CYF SOC UM justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest.
- CYF SOC UM Committee shall use the **Utilization Management Review Decision Support Tool for Child/Adolescent ICC/IHBS-Initial** to make its decision.

C. Requesting continuation of client's ICC/IHBS services

Note: Based on clinical need, services may be requested by the provider through the Continued SAR for up to an additional six months.

- ICC/IHBS providers shall submit to CYF SOC UM Committee an ICC/IHBS **Continued Service Authorization Request (SAR)** form 10 business days prior to expiration of the approved Initial SAR via email or fax as outlined above.
- The CYF SOC UM Committee shall review the ICC/IHBS Continued SAR and return a decision as expeditiously as the beneficiary's mental health condition requires, and not to exceed 5 business days from the receipt of information reasonably necessary and requested by CYF SOC UM to make the determination.
- Decisions for expedited Continued SAR requests shall be made as expeditiously as the beneficiary's health condition requires, but no later than 72 hours after the receipt of the request for service. CYF SOC UM may extend the 72 hour time frame for making an authorization decision for up to 14 additional calendar days, if the following conditions are met: The beneficiary or the provider requests and extension; or if CYF SOC UM justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest
- CYF SOC UM Committee shall use the **Utilization Management Review Decision Support Tool for Child/Adolescent ICC/IHBS-Continued** to make its decision.

II. Notifying requesting provider of decision on Service Authorization Request

- CYF SOC UM Committee shall notify the provider of the authorization decision (approved or denied) via a returned signed copy of the submitted SAR using the method that the SAR was received (e.g., if the SAR was sent to the CYF SOC UM Committee via email, the UM Committee decision shall be returned to the provider via email).

III. Providing beneficiaries written notice of denial/reduction of services

- CYF SOC UM Committee shall notify beneficiaries of the authorization decision (approved or denied) within (2) business days of the decision/action.
- Beneficiaries have the right to appeal UM Committee decisions as set forth in **Policy 3.11-01, <https://www.sfdph.org/dph/files/CBHSPolProcMnl/3.11-01.pdf>**.

IV. Ensuring quality of utilization management program

- CYF SOC shall perform inter-reviewer reliability audits on a regular basis to evaluate the consistency with which CYF SOC UM Committee members objectively apply decision making criteria and guidelines in determining initial and concurrent authorizations.
- Results of the audits shall be provided to BHS Quality Management department for review and recommendations for improvement to the UM Authorization process.

Beneficiaries who have Presumptive Transfer or Waivered status: Beneficiaries residing in San Francisco with Presumptive Transfer of Medi-Cal shall be linked to providers accordingly.

Attachments:

SERVICE AUTHORIZATION REQUEST (SAR) FOR ICC/IHBS (CONTINUED AUTHORIZATION)
SERVICE AUTHORIZATION REQUEST (SAR) FOR ICC/IHBS (INITIAL AUTHORIZATION)
MHSUDS INFORMATION NOTICE NO.: 19-026
ICC and IHBS Letter to Clients
ICC IHBS Referral Form

Contact Person: Director, Children, Youth, & Families System of Care

Distribution:

Administrative Manual Holders
SOC Managers
CDTA Program Managers