

Frequently Asked Questions Program Utilization Review & Quality Committee (PURQC) Children, Youth & Families System of Care (CYFSOC)

This FAQ is developed from PURQC training sessions delivered in July, 2015, along with e-mail inquiries submitted from CYFSOC providers. For additional questions and comments, please contact Maximilian Rocha, LCSW, Deputy Director at maximilian.rocha@sfdph.org or 415-255-3692. Our office will continue to revise this document as needed.

Section 1: Timeline Related Questions

Q When do the new Level 1 & Level 2 requirements begin?

A The new PURQC process is effective September 1, 2015. (Please note that this is a change as we previously announced new process is effective August 1, 2015.) We have not developed Level-2 review criteria yet. We are reviewing recommendations obtained from providers during the training sessions. The Level 2 process will be announced when it is finalized.

Q There have been different variations of PURQC timelines, how can I best align with the new requirements?

A It varies based on cases opening dates.

- For new cases open after September 1st, 2015: once medical necessity has been established (CANS assessment completed) and the program decides to accept the new case and move forward with treatment (Treatment Plan of Care in place), the clinician or clerk should enter initial authorization for up to one year based on episode opening date in the new CSA PURQC Avatar screen, & follow the new PURQC timeline
- For open cases that have not been PURQC'ed yet: enter initial authorization for up to one year based on episode opening date in the new CSA PURQC Avatar screen, and then follow the new PURQC timeline.
- For open cases that have been PURQC'ed already: review your PURQC minutes binder, look up the last authorization dates, enter the authorization info in the new CSA PURQC Avatar screen. (We highly recommend providers to enter the immediate past authorization information in Avatar so to maximize the new feature of tracking cases PURQC dates.) PURQC at the next the due date & then follow the new PURQC time requirement.

Q Do ongoing cases that have been opened for more than 2 years count as Level 2?

A No, we have not developed Level-2 review criteria yet. Continue with Level 1 review until further notice.

Q For cases that have already reached 12 months of services (prior to new PURQC process commencement), what's the next step?

A Program should continue with their current PURQC process until they have submitted their Delegation Agreement, which is due September 1, 2015. Then, follow the timeline outlined above (i.e., "For open cases that have been PURQC'ed already").

Q Our PURQC team has just issued authorization for existing cases for another 12 months of services, should we go back to revise the authorization back to 6 months?

A No. For cases that have been reviewed prior to the new PURQC process, there is no need to revise the authorization.

Q Is the PURQC anniversary date always based on Admission date?

A No. The first PURQC is due 12 month after the episode opening date. If the PURQC team agrees with the clinician's request for on-going services, they can authorize up to 6 months. Subsequent PURQC review will be based on the last authorization for length of stay.

Q Once the new policy is approved, what do we do with existing files/PURQCs that are approaching their anniversary dates? Start with Level 2?"

A Continue with Level 1. BHS is still determining criteria for Level 2 review.

Section 2. Forms Related Questions

Q What will clinicians be submitting every 6months?

A Depends on the agency's PURQC Delegation Agreement. We expect each agency to have a process to review quality of care, clinical formulation, utilization of services, and client's response to treatment. We have developed tools for use, especially the *Clinical Formulation Worksheet*, and the *Clinical Review Form for PURQC & Case Review*. In the Delegation Agreement, agencies will specify their process.

Q Will there be a new Client Service Authorization Form?

A Yes, it is in electronic format in Avatar.

Q Can I continue to use the new Client Services Authorization (CSA) form in hard copy (paper version)?

A No. Effective 09/01/2015, all CSA must be entered in Avatar. This will allow programs to maximize the new reports structure and data tracking.

Q Who should enter CSA information in Avatar?

A Data entry for CSA can be done by administrative staff or clinicians. It is up to agency to determine based on their staffing structure and roles/responsibilities assignment.

Q If our agency has a tracking process in place for PURQC, are we still required to fill out the CSA screen in Avatar for cases that have been authorized already?

A Programs are not required to enter past authorizations approved by PURQC. Moving forward (effective September 1, 2015), yes, the CSA needs to be completed in AVATAR.

Q Do I have to enter number of authorized minutes & number of impairments in Avatar CSA form?

A No, it is not required for CYFSOC. It is optional. We are keeping these fields as a few agencies have requested to keep these fields because they use these indicators.

Q How do we determine the Authorization Date in the Avatar CSA form?

A There are 2 parts to this question:

- For NEW cases: the Authorization Date should be the date when the clinician & supervisor, and/or the clinical team determines that the case meets medical necessity and program's scope of service. The Start Date in the CSA form should be the Episode Opening Date, and the End Date should be the duration of services authorized, which can be up to 12 months from the Episode Opening date.
- For ON-GOING cases: the Authorization Date should be the date when the PURQC team authorizes on-going care. The Start Date in the CSA form should correspond to the previous authorization's End Date; and the new End Date should correspond to the PURQC team's authorized amount of time (up to 6 months at most).

Q Do we have to use the Clinical Review Form for PURQC & Case Review Form? Can we just integrate & fold in all into our own forms?

A PURQC is a delegated process to our providers, and providers can use their own forms as long as they capture the elements from our tools. Agency process needs to be outlined in the Delegation Agreement and approved by BHS.

Q We did not receive a copy of the PURQC Minutes/Log Sheet from June's CYF Providers Meeting. Am I missing something?

A We did not distribute the PURQC minutes/log sheet in June because the modules were still being developed by IT team. This is now available in Avatar (see Sec.5 below).

Section. 3 Treatment Plan of Care (TPOC) and CANS Related Questions

Q Since clinicians are required to complete new CANS and Treatment Plan of Care (TPOC) annually, do we have to complete new CANS & TPOC at each PURQC review?

A That depends on the clinician's & supervisor's review of the case, and recommendations from PURQC team. Compliance & regulations establish the minimum requirement of completing a new CANS & TPOC annually; however, a clinician & supervisor can update CANS and TPOC more frequently, if and when it is clinically indicated (i.e., a client's progress warrants a change in the assessment and interventions delivered).

Q Since new cases are required to have CANS & TPOC completed within 60 day of episode opening, do we have to PURQC the case also?

A PURQC is required for cases that warrant on-going care beyond the initial 12 months of episode opening. Each clinic should already have a procedure in place for accepting referrals and determining if a client is opened at their agency for an intake assessment. Similarly, we recommend each agency have a practice in place (e.g., clinical supervision) to review results of the intake/CANS assessment and determine whether the client meets medical necessity, therefore warranting ongoing treatment services. At this time, the CANS assessment and Treatment Plan of Care should be finalized within 60 days and treatment is authorized for 12 months from episode opening. Please note, the CANS assessment and the Documentation Check List each provide a venue to document that the client meets medical necessity.

Section 4. PURQC Membership Related Questions

Q Can PURQC team members be Bachelor's level staff?

A No. PURQC Chairs are required to be licensed clinician or MD. PURQC team members can be Master's level clinicians or above. (No interns.)

Q Our agency currently uses Bachelor's level staff to review cases for compliance and integrity of charts. Can we continue to do so?

A Yes it is acceptable to utilize Bachelor's level staff to check for integrity of charts, e.g. whether signatures are in place in all forms, whether consent forms are updated, and progress notes are signed off. Please do not confuse PURQC with checking charts for compliance only. PURQC is meant to review service utilization, quality of care, and compliance.

Section 5. PURQC Structure Related Questions

Q Our program staff heard that all cases that have been opened beyond 2 years will be reviewed by CYF System of Care's central administrative staff. Is that true?

A No. CYFSOC is still in process of determine criterial for Level-2 and Level-3 review. More to follow. Please be reminded that Level-2 is program level review whereby providers will be

requested to conduct internal audit of cases based on criteria provided by Behavioral Health Services (BHS); thereafter BHS will review a percentage of Level-2 cases. BHS is still in process of determining these criteria. Ideas and feedback from providers for Level-2 and Level-3 include length of stay, frequent hospitalization, re-hospitalization within 30-day of discharge, etc.

Q How will agencies accurately track clients that are due for PURQC?

A Providers can use the reports available from Avatar:

- **PURQC CYF Committee Report by Program** - report to be used by PURQC committee to approve and document. By Date Range is being calculated based on what is in the PURQC form.
- **PURQC CYF by Clinician Report** - For clinicians to generate for themselves and know the status of the PURQC of clients in their caseload. By Date Range is being calculated based on what is in the PURQC form.
- **PURQC CYF by Program Report** - Program level report showing the status of client's PURQC and those that are coming due or are past due. Show all active clients.

Q For on-going cases (that have already been PURQC'ed recently), do we go back and re-do the PURQC in new format?

A No.

Q For Intensive Services, do we have to use PURQC process to review cases every 6 months? Should the PURQC minutes for these case reviews be stored in PURQC binder?

A For intensive services, the 6 months review does not need to take place during PURQC as long as the program has a system in place to review cases, such as during supervision or case conferencing. If it is a case review only, and does not involve authorization of on-going care, then the documents do not need to be filed in PURQC binder.

Q Is the 6 month Case Review required for Outpatient programs?

A No. It is only required for Intensive Outpatient Services.

Q Does Therapeutic Behavioral Services (TBS) need to follow this new PURQC process?

A No. TBS will continue with its own established process.

Q Do "medication-only" cases need to follow this new PURQC process?

A No. Medication-only cases will be PURQC'ed via another process, which will be finalized by October 2015.

Q How do we determine level of intensity, and what guidance is available?

A Please refer to the Service Authorization Guideline, located on the back page of the Clinical Review Form for PURQC & Case Review. In addition, we have developed the Clinical

Formulation Worksheet so that clinicians and supervisors can use this as a tool to review & discuss case progress.

Q SFUSD has a different set of service and authorization criteria for Education Related Mental Health Services (ERMHS) services. If these are ERMHS cases, do we still have to conduct PURQC?

A Yes. We understand providers' are required to face two sets of mandates: one for behavioral health and one for education. PURQC is set up so that there is an independent and objective process in place to internally review utilization management and quality of care. Recommendations from PURQC can be utilized as a data source during a student's Individual Education Plan (IEP) process to justify changes in level of care and length of stay and advocate for client and family.