



County of San Diego Mental Health Plan
Utilization Management Request (UM)
Short Term Residential Therapeutic Programs

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

SUBMITTED TO BHS CYF BY:

- Program Manager or Designated Program UM Committee

APPROVAL COMPLETED BY:

- BHS – CYF Continuum of Care Reform Liaison and/or BHS CYF COR

COMPLETION REQUIREMENTS:

- STRTP UM form is completed by the STRTP Mental Health Program staff and reviewed by the STRTP Program Manager or designated STRTP UM Committee
- Once reviewed and approved by the STRTP Program Manager/UM Committee, the STRTP UM Request is faxed or sent by secure email to the BHS CYF Continuum of Care Reform Liaison and/or BHS CYF COR (Transport Layer Security [TLS] or encrypted) or removing identifiable information (client initials only)
- BHS CYF reviews the STRTP UM and provides approval/modification within 5 business days
- STRTP UM Requests shall be submitted to BHS CYF within 90 days of arrival into the STRTP and within every 90 days thereafter
- STRTP UM Requests must have all required elements (listed below) completed within the form
- In addition to completing the STRTP UM form, the following tasks are required prior to submitting the UM request:
 - Updated CANS entered in CYF mHOMS
 - Updated PSC-35 entered in CYF mHOMS
 - Client Plan must be reviewed and new client signatures need to be obtained
 - Mental health program staff meeting, including the head of service or a Licensed or Waivered/Registered Mental Health Professional, must be held to discuss the Clinical Review Recommendation
 - CFT meeting to discuss specific therapeutic needs of the youth and treatment recommendations

DOCUMENTATION STANDARDS: *The following elements of the STRTP UM Request form shall be addressed:*

A. Program UM Cycle: STRTP follows a 90 Day UM Cycle

B. Current Services: Identify current services, whether the Youth/Child and Family Team are requesting additional services, admission date, diagnosis, Pathways status, and description of symptoms

C. Psychiatric Hospitalizations: Provide information pertaining to recent hospitalizations; including most recent dates and other services client is receiving when applicable

D. Child and Adolescent Needs and Strengths: Provide completion date of CANS for current UM request. Utilize information from the CYF mHOMS Assessment Summary to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the Strengths from the assessment summary that could be leveraged to meet treatment goals and reduce symptomology

- F. Pediatric Symptom Checklist:** Provide completion date of PSC and PSC-Y (when applicable) for current UM request. Utilize information from the CYF mHOMS PSC Assessment Summary to identify the total scale score for both the Parent PSC and Youth PSC. If the Parent PSC or Youth PSC was not completed for the current UM request, indicate on form
- G. Updated Client Plan:** Must update the client plan in CCBH prior to initiating the UM request. The updated client plan must be reviewed by Program UM Committee and presented to the youth/family for input and signatures
- I. Primary Eligibility Criteria:** First three items (Medical necessity, CANS and SED criteria) must be completed. An additional risk factor must be identified for 1) child has been removed from home due to a mental disorder or mental disorder/impairment is severe and has been present for 6 months, or is highly likely to continue for more than one year without treatment **or** 2) acute psychotic features, imminent or recent risk for suicide or imminent or recent risk for violence has been displayed in past month by the client
- H. STRTP Eligibility Criteria:** Client must meet all three STRTP eligibility criteria for continued treatment in a STRTP: 1) Experiencing emotional and behavioral problems in home, community and/or treatment setting 2) Not sufficiently emotionally or behaviorally stable to be treated out side of a structured 24-hour therapeutic environment **and** 3)Least restrictive environments have been tried and were unsuccessful; or are not appropriate to meet the youth's needs at this time
- I. Clinical Review Report:** Required by the Interim STRTP Regulations Version 2; Section 14 titled "Clinical Reviews, Collaboration, and Transition Determination"
1. Must describe the type and frequency of services provided during the previous 90-day authorization period
 2. Must describe the impact of services toward the achievement of Client Plan Goals and include goals of transitioning to lower level of care
 3. Must provide the date of the most recent mental health program staff meeting, which must include Head of Service, or Licensed or Registered/Waivered Mental Health Professional, where diagnosis, mental health progress, treatment planning, and transition planning were discussed (**must occur at least every 90 days and be completed prior to submittal of the STRTP UM Request**)
 4. Must provide the date of the most recent CFT meeting (**must occur at least every 90 days and be completed prior to submittal of the STRTP UM Request**)
 - Indicate if the CFT/treatment team agrees that the STRTP continues to meet the specific therapeutic needs of the youth (answer yes, no or other - if other explain)
 - Indicate if the "CFT Meeting Summary and Action Plan" form is available based on UM reviewer request (answer yes or no). "CFT Meeting Summary and Action Plan" only required to be submitted if requested by the UM reviewer
 5. Must provide a Clinical Review Recommendation for either: Continued Treatment in the STRTP, Transition from the STRTP, or Other
 - If Transition is selected, describe the recommendation for transition
 - If Other is selected, describe the treatment recommendation
- ❖ Recommendation for transition or continued treatment must be supported in the client record and CFT documentation
- J. Requestor Name and Credential:** Type in requestor's name and date. Provide signature prior to filing in Hybrid record. If requestor is not a licensed mental health professional, the STRTP UM Request must be reviewed and co-signed by a licensed mental health professional.
- K. BHS CYF UM Determination/Approval:** Program will fill in approval status based on BHS CYF COR/CCR Liaison determination, COR/CCR Liaison name and credential, and date range approved