

6.19 Utilization Management			
Domain	Care Management		
Effective	January 31, 2018	Revision Dates	12-2019, 2-2022, 4-2022, 5-2022, 9-2022, 6-1-2023, 1-2024
Documents	Exceptional Care Rate Agreements, Placement Summary		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy - Service Modalities and Interventions, RCCL Minimum Standards, CareMatch, IMPACT, DFPS Rules, 40 TAC §700.2301, 40 TAC §700.2321, 40 TAC §700.2341, 40 TAC §700.2361, COA NET 4.03, NET 7, NET 7.01, NET 7.02, NET 7.03, NET 7.04, NET 7.05, NET 7.06, NET 7.07, NET 7.08, NET 7.09		

Policy:

ACH Child and Family Services has a utilization management process to ensure that its services are appropriate, individualized, and meet the needs and preferences of all its clients at the best value.

Procedure:

Utilization Management is a process that is continuous and includes the use of common criteria across the network for admission, service provided, length of service, level of care and discharge reasons. It is a flexible and responsive process that is individualized to meet the client’s needs.

Initial Level of Care

Although OCOK does not conduct a “pre-authorization,” as placements may be needed at any time, OCOK Intake is available and can be reached via our Intake Hotline, 24/7/365 to locate and secure placement and assess a level of care. During an initial placement search and no later than 24 hours from the point of initial referral from DFPS, OCOK Intake staff will assign an initial Level of Care (LOC) after review of the CareMatch matching assessment along with the information provided by DFPS in the common application, removal affidavit, and any other available documentation.

OCOK Intake Specialists are trained by a Lead Intake Specialist and/or an Intake Supervisor to review all information and apply the criteria for each level of care for each child and have access to the Clinical Director as additional review as needed. While Standard and Basic/Moderate levels may be approved at the Specialist level, Therapeutic I and II, Specialized and Intense levels must be staffed and approved by a Supervisor or designee. All Exceptional Care Rates must be approved by a Director or designee. (Refer to Section 5.00 and 6.00 for additional educational/experience information about Intake and Therapeutic Services staff)

OCOK does not make decisions around medical necessity, and all medical eligibility decisions are referred to and completed and processed by Superior Health and Medicaid by qualified clinicians.

For Child-placing Agency (CPA) placements (foster care), children are leveled using OCOK’s three tier system; Standard (behavior that would meet the legacy criteria of Basic or Moderate), Therapeutic

(behavior that would meet the legacy criteria of Specialized) and Therapeutic II (behavior that would meet the legacy criteria of Intense).

For General Residential Operation (GRO) and Residential Treatment Center (RTC) placements, children are leveled utilizing the same clinical criteria as DFPS for the four levels of the legacy system; Basic, Moderate, Specialized and Intense.

Level of Care/Utilization Management criteria can be found in the Texas Administrative Code, available at all times and upon request online to providers and the general public.

OCOK Intake Specialists must first rule out all long-term options before looking at and determining when a shelter placement or Temporary Emergency Placement (TEP) is needed and will be utilized. Shelters and TEP placements are utilized only while a search for the appropriate placement is continuing or during a period of time when an appropriate placement has been secured but placement cannot be made until a later date for various reasons (i.e., the best match placement that has been identified is unavailable for placement for a few days).

For children needing IPTP services, OCOK uses the same criteria as the state for this 60-day program and these decisions are made by review of the OCOK Clinical Team. During that 60-day period, these children are reviewed by Youth For Tomorrow (YFT), and they are moved into the YFT determined level at the end of the time period.

Potential Exceptional Care placements are reviewed internally by the Chief Operating Officer (COO), or designee and exceptional requests are presented to the state as determined in our joint protocols. Exceptional Care Agreements, once approved by the state placement office, are reassessed based on the timeframe approved by the state at the time of the request and are not a guarantee. If a Provider feels an exceptional rate is still warranted after the initial approval time period, the Provider must make an appeal to the Clinical Director by submitting their request through OCOK Therapeutic Services Coordinators. If that approval is deemed appropriate, it will be sent on to the COO for review and then sent on to DFPS for final approval. During this time period, YFT is continuing their normal read schedules and current level determination is reviewed and considered when reviewing exceptional care extension requests.

All levels of care are documented in CareMatch and available for the Provider to review immediately following placement. Additionally, Providers are sent a confirmation email which includes the level of care or rate and instructions to contact OCOK within 48 hours if they believe this to be inaccurate or if they wish to appeal. Placements narratives including the reasons for choosing a particular placement and how it most appropriately meets a child or sibling groups needs are recorded or documented in IMPACT in the Placement Page and Placement Summary Narrative and relate the reasons for the placement decisions to the needs of the child/criteria.

Level of Care For Subsequent Placements

OCOK Intake follows the same procedures for all subsequent placements that they do when making an initial placement (i.e., entering all information into CareMatch, reviewing the common application and all other documentation available, including but not limited to and when available/completed a psychological, medical records and the most recent YFT review) for making a determination of a level at

the time of a new subsequent placement. These levels are assessed during the placement search process and finalized no later than the day of the placement.

PHBC or Professional Home-Based Foster Care Placements have their own separate level of care, and the rate is only for children placed in an approved PHBC placement. The rate does last the entirety of the placement stay; however, children are expected to be reviewed by YFT while in their placement in accordance with their scheduled reads for the agency they are placed with. Reads should be done quarterly.

Level of Care Following an Initial Placement

A child's initial placement and level of care determines the process for any subsequent level of care reviews. All specialized, intense and IPTP level children placed in a Residential Treatment Center (RTC) are reviewed by Youth For Tomorrow quarterly to provide an objective utilization review regarding level of care. All moderate level children placed in an RTC are reviewed by Youth For Tomorrow (YFT) annually. YFT is a behavioral health care contractor, who provides third-party review services. YFT uses the same clinical criteria as DFPS, and as outlined in TAC, to determine all levels of care.

For children placed in a foster home, their initial level of care at placement will determine next steps. Children placed in the Standard level of care will remain at that level unless a Level of Care review is requested by the Child-placing Agency (CPA) due to concerns that the child may qualify for a higher level of care. When a review is requested, YFT is used to provide the review.

Children placed in the Therapeutic I or Therapeutic II level of care with child placing agencies receive the same level of care review as the children in RTCs. They are reviewed by YFT quarterly to provide an objective clinical opinion regarding level of care using the Specialized level of care clinical criteria for Therapeutic I and the Intense level of care clinical criteria for Therapeutic II also used by DFPS. Child Placing Agencies may use the same appeals process outlined above if they disagree with the decision of YFT.

Children with Exceptional Rate Care Agreements must continue to be read quarterly by YFT. The rate agreements will only be in effect for the time agreed upon and approved by Clinical Director and it is the responsibility of the provider to monitor those agreements, follow all conditions and request any extensions, as necessary. Extensions are not guaranteed, and documentation and a new agreement of services is required for all extension requests.

Regardless of when a level of care is being assessed, OCOK always takes into consideration the needs of the child (including their needs for safety, permanency and well-being) and the services and supports that will be provided by a particular placement.

Exceptions to the Quarterly YFT Reviews

1. Children who are being stepped down out of Residential Treatment Centers through our Step-Down Program, will be assessed and given a level of care as determined by OCOK (see Level of Care for Subsequent Placement above). This determination must be made by OCOK and their collaborating partners as the appropriate level that will sustain a child in the community may not be the same level of care that supports them in residential treatment. Flexibility for increasing a level upon the transition from residential living to a community type setting such as

a therapeutic foster home is critical to many children's successful adjustment, especially if they have been institutionalized by lengthy stays in residential treatment.

2. Children who have the following circumstances will be assessed by the OCOK Intake Department instead of YFT at the time of a subsequent placement to determine the next most appropriate level. Once placement is made, YFT will resume reading as per policy. Children who, as a result of one of the following, have not been read or could not be read by YFT's quarterly schedule:
 - a. Children being discharged from the hospital
 - b. Children being moved from a shelter
 - c. Children being released from jail
 - d. Children returning from run

3. Children who have missed a review due to a placement move from one agency to another will be tracked by the OCOK Data team and a notification will be sent to the OCOK Therapeutic Services Coordinator for any child who has not been read for more than 90 days to determine the most appropriate next steps. Factors such as the length of time between reviews, the next scheduled review date for their current placement/Provider, any special needs to be reviewed, pending requests for Exceptional Care, etc., will be used to determine whether or not the child can be read and reviewed during their next scheduled read or if a non-scheduled review should be completed by YFT.

Level of Care Appeals Process

As OCOK is a no eject, no reject contract, placement and therefore services are never denied; however, if a Provider disagrees with a decision made by OCOK or YFT as to a level of care review or rate, they may use the following Appeal Process.

OCOK determined Levels of Care:

Step 1: OCOK provides the level/rate at the time of placement via the confirmation email. They are notified that if they disagree with the level, they have 48 hours to contact OCOK to dispute this level. OCOK will provide the reasoning for the level and if the Provider still disagrees and there is additional information, the OCOK Intake Specialist can staff the Level of Care Committee, and a determination will be made as to the level. If 48 hours have passed since the level of care was determined, the Provider may request a non-scheduled review/read from YFT by contacting their OCOK Therapeutic Services Coordinator and submitting to YFT.

Step 2: If after requesting a non-scheduled review they are still unhappy, they may request a review by the Level of Care Committee by going through the OCOK Therapeutic Services Coordinator. The Level of Care Committee has the final decision. Justification for all decisions is given to the Provider and related to the criteria.

YFT determined Levels of Care- If a Provider is unhappy with a level determined by YFT, they can make an appeal using the following steps:

Step 1: Request an Appeal Review from YFT and a waiver from OCOK. Providers have up to 30 days to request an appeal from YFT. If they wait longer than 30 days it becomes a non-scheduled review and

they are no longer eligible for a waiver during the time the level is being reviewed; however, provided they request the appeal within 30 days, OCOK can grant a waiver for up to 30 days whilst the level is being reviewed. If after YFT completes the Appeal Review and the Provider continues to be dissatisfied with the decision, they may move to the second step in the Appeal Process. YFT will provide their reasoning for their level denial to both the Provider and OCOK.

Step 2: Send an Appeal Request to the child's Therapeutic Services Coordinator for the OCOK Level of Care Committee to review YFT's decision. The decision of the OCOK Clinical Team after this review will be final. The Committee will provide all reasons for the final decision.

The OCOK Level of Care Committee is comprised of the OCOK Chief Operating Officer (COO) and the Clinical Director. At least one (1) of the members of the team must have a clinical degree and licensure, all have training and experience in assessing levels of care and utilization management reviews. The appeal process can be completed at any time after the level of care determination has been made but should be completed as soon as possible as the OCOK Clinical Team does take into consideration the most current and relevant information and to avoid gaps in payment. Backdating will be considered in a case-by-case situation and is not guaranteed. All secondary appeals will be reviewed as soon as possible, with urgent requests being reviewed immediately and all others within four (4) business days and the Provider will be provided with written documentation as to the decision and criteria used to determine level of care appeal.

Level of Care Waivers

For the following occasions, a level of care waiver may be granted so that a Provider may be paid at a level higher than the level authorized by Youth for Tomorrow.

If the level of a child at an RTC is lowered by YFT to Moderate, then the Provider can request the OCOK Level of Care Committee that they be paid the Specialized level rate until a new placement can be found for the child. This waiver will only be approved for a maximum of 30 days while the Intake team is searching for a new placement.

A Provider can request a higher level of care from the OCOK Level of Care Committee before the provider's next YFT review if it is deemed clinically necessary and supported by documentation. If a provider does not agree with level assessed by YFT and is in the process of appealing, the Provider may request a waiver for a maximum of 30 days while the appeal is being processed by YFT. Like with appeals, the reasons for the waiver and time frames will be documented and provided to the Provider.

OCOK can only with the approval of DFPS agree to waive subsequent reviews in very limited and special occasions. This should not be counted on, is not guaranteed and only allowed once written approval is given from DFPS.

OCOK Process for Setting up New Providers with YFT

When a new Provider joins the OCOK Network, the Quality Improvement and Contracts Department will inform the Provider of what to expect in terms of timeframes requirements for CANS Assessments and Service Planning Meetings. The OCOK Data Manager will notify YFT of the new Provider and get them on YFT's calendar for quarterly reads to begin.

Tracking and Monitoring

The OCOK Data Manager will track the timeliness of all children needing level of care reviews and the OCOK Quality Care Committee will review that data quarterly.

As part of Utilization Management, the Analytics team puts together reports for the OCOK Management Team that provides regular review of data related to:

1. Appropriateness of admissions and authorization decisions (placement radius, less restricted level of care, etc.);
2. Intake and referral processes (to Providers, from DFPS);
3. Service planning and service delivery milestones (i.e., Permanency); and
4. Intake and discharge data to include length of stay and number of readmissions (subsequent placements, positive discharge, etc.).

Level of Care Audit

OCOK Level of Care Committee will review quarterly a minimum of 10% sample of all open and closed cases, including all Exceptional Care Agreements, quarterly to ensure appropriate levels of care and placement have been authorized both by staff. Annually, OCOK reviews a 10% sample of all levels conducted by YFT, the third-party reviewer contractor.