



Service Authorization Request

Department Name Utilization Management		
CHAPTER:	SUBJECT: Services Authorization Request	POLICY NUMBER: UM-003
APPROVAL:	EFFECTIVE DATE:	REPLACES (policy # and date): UM-03, 2004

- I. **PURPOSE:** To ensure accountability, proper compliance and proper utilization of contracted services paid by the Children's Network of Southwest Florida for clients in need, as well as maximization of federal funding and proper utilization of allocated funds in the service contract. This procedure does not cover Enhanced Placements.

- II. **REVIEW HISTORY:** 2004

- III. **CONTACT:** Chief of Services and Contracts

- IV. **PERSONS AFFECTED:** This policy applies to the Children's Network of Southwest Florida and its contracted providers.

- V. **POLICY:** It is the responsibility of the Children's Network of Southwest Florida to ensure that the expenditure of financial resources is in compliance with the Department of Children and Families' contract for services.

- VI. **RATIONALE:** Utilization Management is based upon pre-determined utilization targets which are financially based. The Federal Government subsidizes most, but by no means funds all of the services that families involved with the child welfare system require. Community Based Care Lead Agencies enter into a risk bearing contract. This type of contracting arrangement requires that financial resources be managed to ensure funding for the duration of the contract period.

- VII. **CROSS REFERENCES:** F.S 409.166, Section 471, 462,463, 464, 475 of the Social Security Act; United States Code 671, 672, 673,674, and 675.

- VIII. **DEFINITIONS:**
 - A. **Case Management Organization:** CMO, an agency in which the Children's Network of Southwest Florida contracts with to provide case management

**Children's Network of Southwest Florida
Services Authorization Request**

services to dependent children and their families, also referred in this contract as Camelot's designee.

B. Child Welfare Case Manager: A professional position responsible for case management for dependent children.

C. Exhibit: A document or material object added to the Program Specific Model Attachment I, or any other district specific attachment I.

D. Service Authorization Request: A form submitted in writing or on line by case managers to request services.

E. Service Authorization: The written approval of service prepared by the Utilization Management Unit.

F. Utilization Management (UM) Liaison: Staff member of the Children's Network of Southwest Florida who acts as a liaison between the Case Management Organization, the Single Point of Access, Substance Abuse and Mental Program Office of the Department of Children and Families, and specialty and community providers. Primarily, UM Liaisons prepare initial authorizations of paid, purchased, and contracted services funded by the Children's Network of Southwest Florida.

F. Utilization Management Unit: A unit designated by Camelot to authorize and determine eligibility and refer a child for placement.

G. ITR Specialist: Staff member of the Children's Network of Southwest Florida who coordinates, schedules and attends district wide staffings between the Department of Children and Families and the CMOs, specifically to transfer cases from the child protective investigative units to the Case Management Organizations.

IX. PROCEDURES:

A. Initial Service Authorization:

If the Child Welfare Case Manager identifies a family in need of assistance, it must be determined by the staff member that a request for services will address one of the following issues:

- stabilize the current placement
- prevent the removal of the child or provide immediate remedy to the circumstance for which the funds are sought
- identified in the case plan
- Court ordered and/or enhances the move to permanency.

**Children's Network of Southwest Florida
Services Authorization Request**

1. The Child Welfare Case Manager is responsible for initiation of a Service Authorization Request (Exhibit A). In some circumstances the UM Liaison will initiate the request based upon a conversation.
2. The UM Liaison will enter the Service Authorization Request in the Qualifacts system (Exhibit B). The request for service may be diverted by the UM Liaison based upon established protocols.
3. UM approves or denies the Service Authorization Request.
4. If approved by the UM unit, the approved Service Authorization is sent to the Child Welfare Case Manager and Specialty Provider within 1 business day of the approval.
5. The CMO Case Manager is responsible for arrangement of the requested services upon receiving the approved Service Authorization.
6. If denied by the UM unit, UM faxes the denial to the Child Welfare Case Manager within 1 business day of the denial and enters the reason for denial in the Qualifacts system. Reasons for denial may include:
 - a. Other cases have higher priority for funding (i.e. high risk, court-ordered)
 - b. Funded by another source or contract available to dependent families
 - c. Medicaid funded, authorization not required
 - d. Not enough appropriate alternative resources have been attempted
 - e. Request is not appropriate for needs of family.
 - f. Other resources must be attempted before approval.
 - g. There are other non-contracted services that could benefit the family and are more appropriate
 - h. Circumstance does not meet the criteria for use of these funds
 - i. Service is not specified by an assessment, in the case plan or court order
 - j. Consultation with Child Welfare Legal Services is needed

**Children's Network of Southwest Florida
Services Authorization Request**

- k. Relative placements and kinship care options have not been exhausted
7. If the UM Liaison denies a Service Authorization Request and there is a determination that a staffing is necessary, the UM Liaison will advise the Chief of Services and Contracts of the circumstances. If the Chief of Services and Contracts agrees that a staffing is necessary, the Services Authorization Request will be forwarded to the ITR Specialist to schedule a staffing. The Qualifacts system will be updated by the Chief of Services and Contracts to indicate that the Service Authorization request is now in a pending status.
In some cases with the approval of the Chief of Services and Contracts a phone call to parties involved or conference call may substitute for a staffing.
8. The ITR Specialist of the Utilization Management Unit will convene a staffing within 7 to 10 working days of the denial.
9. The staffing will be held at the local office in the geographic area where the child or family resides.
10. The ITR Specialist must determine what documents will be required for the staffing and ensure notification to parties who should attend.
11. Upon return from the staffing the ITR Specialist will advise the UM Liaison assigned to the CMO of the decision from the staffing. The Service Authorization request will be *updated* indicating certified in total or denial in the Qualifacts system.
12. In the event that the Service Authorization continues to be denied the CMO Director may begin an appeal based upon established policy and procedure.

EXHIBITS

Exhibit A-Services Authorization Form

Exhibit B-Services Authorization

Exhibit C-Denial of Services Authorization

EXHIBIT A



Services Authorization Form

Date: _____

Time: _____ am
pm

Case Manager Name: _____

CMO: LSF RCC FPS DCF

CPI: Open Closed

Child(ren) Name(s)	DOB	Sex (M/F)

Legal Status: Shelter PS FC Relative Placement VPS Adoption ICPC

Services Requested	Enhanced Placement	
	yes <input type="checkbox"/>	no <input type="checkbox"/>
Behavior Analysis <input type="checkbox"/>	Type	
Psychological <input type="checkbox"/>	Therapeutic Foster Care <input type="checkbox"/>	
Counseling <input type="checkbox"/>	Residential Group Care <input type="checkbox"/>	
Other: _____	Developmentally Delayed <input type="checkbox"/>	
	Other: _____	

Are these services on the Comprehensive Behavioral Health Assessment: yes no n/a

Are these services on the Case Plan: yes no n/a

Are these services by Court Order: yes no n/a

If an enhanced placement is being requested, has the case been staffed yes no

Date of Staffing: _____

Copy of Recommendation Attached yes no n/a

Current Placement: Protective Services (In Home) Emergency Shelter

Foster Home Placement Specialized Therapeutic OR Therapeutic Foster Care

Level I Level II

Residential Placement Residential Step Down Long Term Relative Custody

Reunification Guardianship Independent Living Residential Step Down

Other: _____



Service Authorization

Authorization Number:

Authorization Response: **Pended**

Effective Date:

Expiration Date:

Tax ID Number:

Case Manager:

Client Information

Name:

Member ID:

Date of Birth:

Plan Name:

Authorized Service Information

Service Provider: Children's Network of Southwest Florida

Service Quantity: 0.00

Effective Date	Expiration Date	Service Description	Units	Amount
10/14/2004		Name of Service	0	
TOTAL UNITS:			0	
TOTAL AMOUNT:				0

Instructions :

Exhibit C

Date:

To: Case Manager Name
Case Management Organization

From: Utilization Management Staff

Re: Denial of Service Authorization

Your request for Flex Funding for _____ has been denied based upon the following:

Other cases have higher priority for funding (*i.e. high risk, court ordered*)

Funded by another source or contract available to dependent families

Comment: _____

Medicaid Funded, authorization not required

Not enough appropriate alternative resources have been attempted

Request is not appropriate for needs of family

Other resources must be attempted before approval

There are other non-contracted services that could benefit the family and are more appropriate

Circumstance does not meet the criteria for use of these funds

Service is not specified by an assessment, in the case plan or Court ordered

Consultation with Child Welfare Legal Services is needed

Relative placements and kinship care options have not been exhausted

Comments: _____
