

FAMILY SUPPORT SERVICES OF NORTH IDAHO
UTILIZATION MANAGEMENT PROGRAM

Responsible Parties: Jodi Smith, Agency Director

Initial Intake:

All clients seeking mental health services from Family Support Services of North Idaho are involved in an intake process, during which time, specific questions are asked regarding the reason for seeking services; past and current mental health diagnoses, treatment providers and services, including both outpatient and inpatient treatment history. Also addressed during the initial intake is the source of the referral, the type of service the participant is seeking, including what they believe to be their treatment needs and goals.

Participants who have not received prior mental health treatment and whom have not received an Axis I DSM-IV (TR) diagnosis, but are eligible for the Medicaid Basic Plan, will receive mental health clinic services to address their needs and concerns, if it is deemed this program will assist them to improve their ability to function. If mental health treatment is not necessary, the participant will be referred to other community programs that are more suitable to their needs.

Those who meet initial criteria; i.e., have received inpatient treatment within the past 10 days, have a current Axis I DSM-IV (TR) diagnosis, and/or are reportedly experiencing significant impairment in at least two domains of their life, are then scheduled for a Comprehensive Assessment to be performed by one of our licensed clinical staff.

Assessment for Adult Participants:

Adult participants will take part in a comprehensive mental health assessment, according to IDAPA 16.03.10.113. This assessment will help determine which of the Medicaid Enhanced Plan Benefits for mental health services will best meet the needs of the participant.

Assessment for Child Participants:

Child participants and their parent/legal guardian will provide information necessary for the licensed clinician to complete the Preschool and Early Childhood Functional Assessment Scale (PECFAS) for child participants younger than school age; or the Childhood and Adolescent Functional Assessment Scale (CAFAS) for children from school age to eighteen years of age. Child participants who qualify for Enhanced Plan Benefits according to IDAPA 16.03.10.02, will proceed to the comprehensive assessment, which will help determine which of the Enhanced Plan Benefits is best suited to the needs of the participant and their parent(s)/legal guardian.

Treatment Planning:

All participants receiving mental health services will take part in individualized treatment planning in accordance with IDAPA 16.03.10.114 for Medicaid Enhanced services, and IDAPA 16.03.10.713.02 for Medicaid Basic services.

Updates/Reviews of Treatment Plans:

All participants' treatment plans, regardless of which program or Medicaid Plan they qualify for, are reviewed by the agency provider, participant and parent(s)/legal guardian (if applicable) every 120 days. During the review, changes and modifications to the plans will be made in cases where deemed appropriate based on the progress or lack thereof, of the participant. Also reviewed, is the appropriateness of the treatment modality prescribed to the participant, as well as the frequency of service delivery, which may also be modified, based on the needs of the participant and the fit of the service(s).

For child participants in the PSR program, the PECFAS or CAFAS, whichever applies based on age, will be completed during each review and will be compared to the baseline score which was obtained during the initial comprehensive assessment. For participants scoring below 80, level and frequency of services will be reviewed, modified or closed depending on the amount of progress made and the stability of the participant.

Case Closure:

When the agency provider and the participant recognize that the treatment objectives have been met and are likely to be sustained, and the level of treatment provided to the participant is no longer necessary the mental health case is closed. When a participant exits from one of the treatment programs, a detailed discharge summary is placed in the file indicating what, if any, aftercare plan was developed with the family, as well as referrals that may have been made. A closure PECFAS/CAFAS for child participants will also be completed.

Basic vs. Enhanced Medicaid:

Medicaid eligibility is determined prior to the inception of treatment. *If a participant is eligible for Basic Medicaid, they enter into the assessment process. If it is determined the participant is in need of more clinical services than allowed by Basic Medicaid, and if the participant or legal guardian is requesting additional service support, then a complete Comprehensive Clinical Assessment (and CAFAS or PECFAS for children) is completed identifying and outlining the medical necessity of such services and a request is made to Family Medicaid for the participant to be transitioned to the Enhanced Medicaid Program. (Reference: IDAPA 16.03.10.112. It must be determined and documented that other services have been tried and failed, that the participant can reasonably be expected to improve with the enhanced services, or to prevent further regression so that the current level of care is no longer necessary or can be reduced. Once notice is received of this transition, the participant is then eligible to receive more intensive services by way of either clinic or PSR.*

We recognize that some participants may be eligible for Enhanced Medicaid for reasons other than mental health issues. In the event that a participant is eligible for Enhanced Medicaid, but is assessed as needing only Basic Medicaid services, a comprehensive clinical assessment is completed, in accordance with IDAPA 16.03.10.112, however, this document will not support enhanced level services and the participant will receive the level of services that are individually appropriate.