



## LEVEL OF CARE AND UTILIZATION REVIEW MATRIX

### **Introduction**

A Level of Care (LOC) or utilization system seeks to ensure that system wide resources are used in the most cost-effective manner and used similarly at all treatment sites. This means that, within resource constraints, persons with similar needs are expected to receive similar levels of service. This section of the Statement of Work (SOW) lays out the ways in which each participant's clinical need is related to amount and type of service and establishes utilization review procedures regarding the maximum amount of time that treatment services should be rendered.

### **Definitions**

**Need:** In the CalWORKs mental health system, a basic indicator of service need is the number of hours a mental health clinician assesses that a CalWORKs participant is able to participate in Welfare-to-Work (WtW) activities each week. Clinicians currently use the DPSS GAIN form GN 6006B Service Reports to report the number of work activity hours that a participant is capable of doing at the time of assessment. These judgments are updated every ninety (90) days on the GN 6008 Progress Report. Clinicians consider a variety of factors in making these decisions, both objective and subjective. Although uniform criteria cannot be specified, indicators to be considered are listed in the service level descriptions below.

**Services:** In this SOW, decisions regarding the recommended number of weekly hours of WtW activities are linked to the amount and types of services to be provided. Persons who are so impaired that clinicians determine that only mental health services can be managed as their WtW activity will receive different services than those who clinicians decide can manage part-time WtW activities and different yet again than those who are able to perform full-time WtW activities.

**Timeframes:** Peer review services are linked to time frames designed to reduce use of resources for persons who will not be able to achieve CalWORKs employment goals. Nine (**9**) months is the time frame for a review of persons who meet the severely and persistently mentally ill (SPMI) criteria and/or have other serious problems. At Nine (**9**) months, a Social Security Income (SSI) application must be initiated by the agency and/or in coordination with Department of Social Services (DPSS) SSI Advocates. At twelve (**12**) months, all participants must be peer-reviewed to determine whether they require continued treatment services. Peer reviews must occur every subsequent ninety (90) days that the client requires continuation of services. At twenty-four (**24**) months, the provider must submit an Extension of Services Request form to the DMH CalWORKs Program Administration Service Area Coordinator for approval of continued services.



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Level of Care 1	A.) <i>The symptomatic, functional, and disability indicators that might support this status</i>	B.) <i>The services appropriate for a LOC 1 participant Include:</i>	C.) <i>Mental Health Treatment</i>
<p><b>Serious mental health barriers permit only Welfare-to-Work (WtW) activities</b></p>	<ul style="list-style-type: none"> <li>• Co-occurring substance abuse or domestic violence</li> <li>• Serious medical problems</li> <li>• Severe depression or anxiety or other serious symptoms (such as PTSD related avoidance or flashbacks) or other major mood symptom, (i.e., mania)</li> <li>• Mental health symptoms that have persisted for more than 1 year</li> <li>• Treatment history in the adult system of mental health care</li> <li>• Indications that the participant is likely to be eligible for SSI/ SSDI</li> </ul>	<ul style="list-style-type: none"> <li>• The limited individual and/ or group psychotherapy</li> <li>• Provision of or referral to substance use disorder or domestic violence services</li> <li>• Case management</li> <li>• Medication evaluation/ support</li> <li>• Rehabilitation groups (skill building)</li> <li>• Peer Support</li> <li>• Screening/ referral of children to therapy, if needed</li> <li>• Home visits, if needed</li> <li>• Use of incentives to encourage treatment compliance</li> <li>• Supported Employment IPS/ Supported education according to participant’s choice.</li> </ul>	<p><b>Mental health treatment service hours:</b></p> <p><b>From 1—10 hours per week are permitted in LOC 1</b></p>



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Level of Care 2	<i>A.) The symptomatic, functional, and disability indicators that might support this status</i>	<i>B.) The services appropriate for a LOC 2 participant Include:</i>	<i>C.) Mental Health Treatment</i>
<p><b>Moderate mental health barriers permits 1—24 hours per week of WtW activities, in addition to the mental health treatment services</b></p>	<ul style="list-style-type: none"> <li>• Some level of co-occurring substance use problems but not “abuse” or “dependence” as defined in DSM V</li> <li>• Moderate level of symptoms</li> <li>• Able to make use of treatment modalities such as the Life Skills Curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Time limited individual and/ or group psychotherapy</li> <li>• Provision of or referral to substance use disorder or domestic violence services</li> <li>• Case management</li> <li>• Medication evaluation/ support</li> <li>• Rehabilitation groups (skill building)</li> <li>• Peer Support</li> <li>• Screening/ referral of children to therapy, if needed</li> <li>• Supported Employment IPS</li> <li>• Use of incentives to encourage treatment compliance</li> </ul>	<p><b>Mental health treatment service hours:</b></p> <p><b>From 1—7 hours per week are permitted in LOC 2</b></p>



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Level of Care 3	A.) <i>The symptomatic, functional, and disability indicators that might support this status</i>	B.) <i>The services appropriate for a LOC 3 participant Include:</i>	C.) <i>Mental Health Treatment</i>
<p><b>Resolved, mild, or meds-managed mental health barriers are appropriate for up to 25 hours or more per week of WtW activities, in addition to mental health treatment services</b></p>	<ul style="list-style-type: none"> <li>• Participant has mental health symptoms and have responded well to treatment</li> <li>• Functioning at a fairly high level</li> <li>• No co-occurring disorders or issues that are resolved or managed well</li> <li>• Still requires mental health support to sustain gains</li> </ul>	<ul style="list-style-type: none"> <li>• Time limited individual, group , or supportive counseling.</li> <li>• Provision of or referral to substance use disorder or domestic violence services</li> <li>• Case management</li> <li>• Medication evaluation/ support</li> <li>• Peer support</li> <li>• Screening/ referral of children to therapy, if needed</li> <li>• Supported Employment IPS</li> <li>• Use of incentives to encourage treatment compliance</li> </ul>	<p><b>Mental health treatment service hours:</b></p> <p><b>From 1—4 hours per week are permitted in LOC 3</b></p>



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### Peer Review Utilization Review Requirements

Peer review results in a treatment-guiding decision by the primary clinician and his/her supervisor, supplemented by other team members as determined by the agency.

1. The primary clinician for a CalWORKs participant shall review the Level of Care every 90 days to ensure that treatment services provided are appropriate for the participant, and indicate the number of work activity hours appropriate for the participant on the DPSS form GN 6008. The total number of hours reported on the GN 6008 will include the hours available for work activities and the mental health hours in treatment. DPSS is requiring that we (DMH) provide a range of hours on the GN 6008.
2. Participants who remain on LOC 1 after nine months of treatment must be peer-reviewed in order to determine if a referral to SSI is appropriate. If it is indicated, a Social Security Income (SSI) application must be initiated by the agency and/or in coordination with DPSS SSI Advocates.
3. All participants, regardless of their LOC, enrolled in treatment for 18 months must be peer reviewed to determine whether further treatment services are indicated or whether the CalWORKs participant is prepared for termination. If the participant remains in treatment following an 18 month period, peer review meetings must be held for each subsequent 90-day period. At the end of two years in treatment, the expectation is that the participant is prepared for termination. Agencies that deem extensions beyond two years of treatment to be appropriate require approval of the DMH CalWORKs Service Area Coordinator. The Service Area Coordinator will make these decisions in consultation and coordination with the treating clinician, CalWORKs Supervisor/Coordinator, and/or treatment team.
4. Utilization Review decisions authorizing more than 24 months of treatment will be tracked by CalWORKs Program Administration and reviewed annually by the CalWORKs site visit review team.