



### Intensity of Service Dispute Process

PerformCare, as the Contracted System's Administrator (CSA) for New Jersey Department of Children and Family's Children's System of Care (CSOC), is responsible for reviewing all relevant clinical and case documentation and making the final determination on the appropriate Intensity of Service (IOS) for referrals to CSOC services. These include referrals for Case Management (CMO moderate/high), Mobile Response Stabilization Services (MRSS), Community Services (including IH), Substance Use Services, and out-of-home treatment services (OOH). The CSA utilizes the CSOC clinical criteria and evaluative material as the foundation to support and confirm eligibility for authorized services. However, there are instances by which providers may have cause to dispute the CSA's IOS decision. In these instances, providers shall utilize the following process.

IOS disputes may only be forwarded to the CSA by a management level staff person (also referred to as a *Level 2* or *Level 3* CYBER user) after a thorough review of the CYBER record is conducted to confirm that the information available in CYBER at the time of the referral supports a higher or lower IOS and that the information is consistent within the context of the CSOC clinical criteria. The decision to submit an IOS dispute must include parent/legal guardian input and informed consent as well as input from other treatment team members which is consistent with our system of care philosophy and Child Family Team (CFT) model.

Please take note that IOS disputes are to be based on the original information submitted to the CSA at the time of the IOS determination. Any new information received after the original IOS determination date should be resubmitted as a new request and is **not** considered a formal dispute. These new requests will be reviewed within the standard timeframes.

Disputes may be reported to PerformCare by faxing the attached IOS Dispute Form to 877-736-9166 *Attn: PerformCare/IOS Disputes*. The CSA will perform a *Higher Level Review* to determine if potential policy changes or clarification is needed in service determination criteria or to identify training and/or programmatic needs. IOS disputes reported to the CSA are reviewed within five (5) business days of dispute receipt with the exception of substance use (review below for substance use specific timeframes). The IOS dispute decision will be documented in the youth's progress note. If the IOS is changed as a result of the review, all involved parties are notified to discuss a possible transition. This discussion would include next steps for communication with the family regarding the change. If a provider continues to disagree with the CSA's dispute determination, the provider shall ensure that the family is informed how to proceed with the reconsideration process.

#### Dispute of MRSS Referrals from the CSA

In instances when a MRSS referral is made by the CSA and the MRSS provider is not in agreement with the CSA determination, the MRSS provider is required to accept the referral in order to ensure response to youth and family needs and the safety of the child/youth/young adult. MRSS is held to all timeframe

expectations set forth by CSOC for dispatch. IOS disputes can only be forwarded to the CSA after the dispatch has occurred. If there is a change in immediate need, MRSS will coordinate necessary intervention for the youth and family and alert or coordinate with the CSA when appropriate. If after the initial meeting, there are concerns that the MRSS IOS is not warranted for the family, or upon family refusal of service, the provider will review the concerns with the family. If the family is in agreement, the provider will facilitate an appropriate transition plan to address existing needs and support the family through the transition. If the family is not in agreement with the provider, the provider will continue to engage the family in planning for identified needs, addressing family concerns, and moving towards agreement on necessary supports and services for transition. In either case, the provider will alert the CSA of their concerns about the MRSS IOS determination. The CSA will perform a Higher Level Review and track trends to determine if potential policy changes or clarification is needed in service determination criteria or to identify training and/or programmatic needs.

#### Dispute of CMO IOS from the CSA

In instances when a CMO referral is received and the provider is not in agreement with the CSA determination, the provider is required to accept the referral and is held to all timeframe expectations set by CSOC for contact with the family. Providers will conduct the initial face to face meeting with the family to hear their story, gather information, assess strengths and needs, and discuss the CMO support available. If after the initial meeting, there are concerns the CMO IOS is not warranted for the family, the provider will review the concerns with the family. If the family is in agreement, the provider will facilitate an appropriate transition plan to address existing needs and support the family through the transition. If the family is not in agreement with the provider, the provider will continue to engage the family in planning for identified needs, addressing family concerns, and moving towards agreement on necessary supports and services for transition. In either case, the provider will alert the CSA of their concerns about CMO IOS determination. The CSA will perform a *Higher Level Review* and track trends to determine if potential policy changes or clarification is needed in service determination criteria or to identify training and/or programmatic needs.

If additional information was made available to the assigned CMO after the referral was made (for example, the court status has changed or the family/collateral contact report clinical needs beyond those reported in CYBER), this is not an IOS dispute. In these situations, the provider shall document the new information and submit a TISP or Service Request Change to the CSA for a new IOS determination.

#### Dispute of Provider Recommendations for CMO

If a provider (IIC/MRSS/ PHP/CCIS/Substance Use/OOH/via Clinical Summary Template) submits a referral for CMO services and does not agree with the CSA determination for services, a management level staff person<sup>1</sup> must first review the CYBER documentation supporting the referral (i.e. Strength and Needs Assessment, BPS, Needs Assessment). Prior to submission to PerformCare, the provider shall

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<sup>1</sup> The requirement for a management level staff person may not be applicable to IIC, PHP, Substance Abuse, or CCIS. In these cases, the clinical staff, also referred to as a Level I CYBER user is responsible for the documentation review prior to forwarding a dispute.

discuss the dispute request with the parent/legal guardian (or DCP&P, if applicable). The IOS dispute must be submitted within 30 days of the IOS determination. The provider should not rely upon progress notes to communicate clinical information. If information is missing, inaccurate, or older than **30 days**, please take note that this is not an IOS dispute. Rather, all clinically relevant information must be added to CYBER and resubmitted to the CSA for a new IOS determination. When new clinical information is added to the referral, this is also not considered an IOS dispute. Therefore, submitted information will be reviewed within the standard timeframes for the assessment/treatment plan type review.

#### Dispute of Community Services Requested by a Care Management Entity (including IIH):

If a CMO entity submits a service request and does not agree with the CSA IOS determination, a management level staff person must first review the treatment plan and service request and ensure that all relevant clinical information has been accurately detailed on the applicable document in CYBER. The IOS dispute must be submitted within 30 days of the IOS determination. The provider shall ensure all relevant clinical information is documented within the service plan. If information is missing, inaccurate, older than **30 days**, or is located in an area of CYBER other than the service plan, please take note that this is not an IOS dispute. Rather, in these situations, the provider should submit a new service plan with the updated/correct information. If required clinical information.

If the provider determines that all clinical information was accurately documented in CYBER at the time of the referral and believes that that information supports a different IOS as per the CSOC clinical criteria, the dispute should be reported to PerformCare for consideration.

#### Dispute of Substance Use Services:

If a provider does not agree with the CSA determination for substance use services, a management level staff person must first review the CYBER documentation supporting the referral (i.e. BPS, substance abuse assessment, treatment plan). The provider should not rely upon progress notes to communicate clinical information. PerformCare will render an IOS Dispute decision within three hours for detox requests and one (1) business day for all other substance use requests. If information is missing or inaccurate, please take note that this is not an IOS dispute. Rather, all clinically relevant information must be added to the applicable assessment or treatment plan and resubmitted to the CSA for a new IOS determination consideration. When new clinical information is added to the initial request, this is also not considered an IOS dispute. Therefore, submitted information will be reviewed within the standard timeframes for the assessment/treatment plan review type.

#### Dispute of Out-of-Home Treatment Services (Youth Link)

If a provider (CMO/OOH) submits an OOH Referral Request or Transitional Joint Care Review (TJCR) and does not agree with the OOH IOS determination, a management level staff person must first review the OOH Referral Request or TJCR to ensure that all relevant clinical information has been accurately detailed on the applicable document in CYBER. Prior to submission to PerformCare, the provider shall discuss the dispute request amongst the members of the Child Family Team (including DCP&P, if

applicable). The IOS dispute must be submitted within **30 days** of the OOH IOS determination. The provider should not rely upon progress notes to communicate clinical information. If information is missing, inaccurate, older than 30 days, or is located in an area of CYBER other than the OOH Referral Request or TJCR, please take note that this is not an IOS dispute. Rather, in these situations, the provider should submit a new OOH Referral Request or TJCR with the updated/correct information. If required clinical information is not yet available, do not resubmit the OOH Referral Request/TJCR until all necessary information is obtained.

If the provider determines that all clinical information was accurately documented in CYBER at the time of the referral and believes that that information supports a different IOS as per the CSOC clinical criteria, this dispute should be reported to the PerformCare Quality Department for consideration.

***Please refer to the PerformCare website for the dispute processes that are applicable to IDD eligibility and camp.***

**UPDATED 12/17/14**

## Updated IOS Dispute Process/Form: Overview of Changes

- Division acronym change (DCBHS to CSOC);
- Service Line Updates (removal of YCM, inclusion of IIH, CMO Moderate/High, Substance Use);
- Clarity to definition of an IOS Dispute:
  - What is not an IOS Dispute
  - Clarity that IOS Disputes are based original information only
- Specifies timeframes for IOS Dispute submission;
- IOS Dispute decisions will be documented in youth's progress note (enhances communication);
- Inclusion of language that speaks to importance of parental informed consent and input from members of the CFT;
- Expedited PerformCare review timeframes for substance use services (including detox);
- Inclusion of language that speaks to educating parents on the reconsideration process if not in agreement with IOS Dispute decision;
- Enhanced language to MRSS and CMO dispute processes;
- Inclusion of dispute process for Community Services (including IIH);
- Under *Dispute of Provider Recommendation for CMO*, included Clinical Summary Template as mechanism of referral;
- Inclusion of reference that directs reader to PerformCare website for camp and IDD Eligibility dispute processes;
- Enhanced language and formatting changes to IOS Dispute Form;
- Inclusion of an IOS Dispute Checklist;