

REDETERMINATION PROCESS

When to Request a Redetermination

If a child's treatment needs or services change prior to the next scheduled Utilization Review (e.g., worsening behaviors, additional services required), a program or the child's DCBS Worker may request a Redetermination. This can also be done when a child shows improvement or requires less services. Other times, you may disagree with the most recent level assigned and want to present additional information.

Because the current level definitions focus on the child's treatment issues, it is important to make clear the full range of the child's treatment needs including:

- Behavioral concerns
- Social/emotional functioning
- Developmental concerns
- Social skill and daily living deficits
- Trauma issues
- Educational needs
- Legal issues
- Level of supervision required
- Interventions/services provided

How to Request a Redetermination

To request a Redetermination, please submit the following to CRP:

- 1. The most recent level of care assignment form (CRP-2, CRP-4, or CRP-6) with the redetermination section at the bottom filled out completely and legibly.
- 2. A brief letter supporting the change in the level of care (see Guidelines below). A new tool or ALP/progress report is NOT required. However, you may also include recent incident reports or other supporting materials if they provide important information relevant to the child's current treatment issues and needs.
- 3. If the child's clinician does not submit the Redetermination request, it is important to include input from this person or another treatment team member to ensure that the child's treatment issues are clearly identified.
- 4. Please note that failure to submit #1 or #2 will delay your request's processing.



Where to Send a Redetermination Request

The redetermination letter/narrative and any supporting documentation can be sent to the Children's Review Program via secure email at the following email address: crploc@newvista.org.

Redetermination requests are typically processed within 3 business days of the receipt of the complete materials, and the level sheet will be emailed to the general email address on file for each program.

<u>Guidelines for Documentation Submitted with Redetermination Requests</u>

Information may include any or all of the following:

- Specific description of new treatment issues and new services being provided or that are recommended to address the issues
- Identification of services and interventions that have been discontinued, if applicable
- Specific description of how treatment issues have changed and how services have changed to address the issues
- Descriptions of issues across settings (e.g., foster home, school, community, etc.) covering internally and externally provided services, as well as any specialized services
- Current diagnoses, noting changes, if applicable
- Current psychotropic medications, noting changes, if applicable
- Explanation of how the child's treatment needs meet the level criteria as written in KAR 922 1:360 (for example, explain what the child's significant treatment needs are if a level 3 is being requested)

REMINDER: Information provided in a Redetermination should be included in the next ALP since ALPs are meant to reflect the child's functioning during the entire review period. When issues highlighted in a Redetermination request are not included in the next ALP, this suggests that the issues have decreased or resolved and are no longer a focus of treatment. Levels are assigned based on the information provided in each ALP, so it is critical for the information to be complete.



Guidance for Describing Treatment Issues

DON'T provide general statements	DO provide specific details
"Child displays SAO behaviors"	"Child recently had sex with the bio son of the foster parent"
	OR
	"Child exposed themselves to another youth and openly
	masturbates in common areas of the home"
"Child shows increased depressive symptoms"	"Child isolates in their room every day, shows less interest in
	activities and displays increased crying spells"
	OR
	"Child has begun to self-harm via cutting and has expressed SI
	several times within the past few weeks"
"Child can be verbally aggressive"	"Child presents with cussing, screaming and verbally attacking
	other people in the home with little to no provocation"
	OR
	"Child has made threats of killing foster sibling in their sleep on
	2 different occasions in the past month"
"Child has shown increased physical aggression"	"Child hit and kicked their peer resulting in the peer's leg
	bleeding"
	OR
	"Child punched a hole in the wall and put their hands around
	their foster sibling's throat causing bruises"
"Child has a new diagnosis and requires frequent	"Child was recently diagnosed with PTSD and is now being
therapy services"	prescribed Sertraline. Therapy includes bi-weekly sessions
	through the agency, once a week mental health services at
	school and we are in the process of getting the child linked with
	an outside provider to address their sexual trauma."
	OR (COLUMN COLUMN COLUM
	"Child is now diagnosed with Autism Spectrum Disorder and
	will be receiving specialized services including: ABA services
	weekly in the home in addition to speech, OT, and PT at school.
((Child/a habania wa ana diawatina))	The school is in the process of revising their IEP."
"Child's behaviors are disruptive"	"Child's daily tantrums disrupt the breakfast and morning
	routine of the other children in the home when getting ready
	for school. The foster parent has called the Case Manager twice
	a week or more in the past month for assistance with de-
	escalation." OR
	"Foster parent has submitted a 14-day notice on the child due
	to their ongoing physical aggression and significant property
	destruction."
"Child is having problems at school"	"Child has been sent to in school detention 3 times in the last
Cinia is maying problems at school	week due cursing at the teacher."
	OR
	"Child's school has contacted the foster parent weekly over the
	past month to pick up the child after aggressive behaviors that
	lead to clearing the classroom. After a meeting at the school,
	it's been decided that the child will now be attending
	alternative school for the remainder of the year."
	atternative school for the remainder of the year.