

PROCEDURE

Series:	Operating Procedures	COA: FIN 1, 2, 7.03, 7.04, NET 4, 5, 6, 7,8, RPM 2, 2.01, 2.03, 5, 9, 10, ASE 6.02
Procedure Name:	Utilization Management System	
Procedure Number:	OP-1141	
Reviewed Date:	4/17/24	
Revision #/Date:	(3) 07/14/11, 08/11/2014, 05/03/16, 06/19/2019,	
Effective Date:	2/20/09, 4/17/24, 10/06/2025	
Applicable to:	All Brevard Family Partnership Family of Agencies (FPoCF) Staff and Contract Providers	

SUBJECT: Utilization Management System

PURPOSE: Brevard Family Partnership (FPoCF) employs a utilization management system to track service authorizations, and services rendered, to ensure the availability of funding and continuity of service delivery for consumers served. FPoCF's utilization management system ensures funds are managed effectively and efficiently and services procured are provided. The utilization management system serves as an internal control for the service delivery system and a real time tracking system for service expenditures.

PROCEDURE:

References

FPoCF Policies/Procedures: GOV202, GOV203, CG301, CG302, AP415, PM715, PR901, PR902

Overview of Referral, Authorization, and Invoice Process

The Clinical Services Coordinator plays an integral role in ensuring the appropriate funding streams are accessed and utilized efficiently and effectively. To this end the Clinical Services Coordinator, accounting department, and data management staff, along with the Senior Executive of Programs and Director of Intake, Placement and Assessment, work closely together to ensure funding streams are maximized. Clinical Services Coordinators and Brevard C.A.R.E.S. Coordinators provide all service authorizations.

1. After a service has been referred by the Dependency Care Manager via agency utilization management system the Clinical Services Coordinator will review the referral for completeness and for appropriateness.
2. Each service authorization is identified by a unique authorization number.
3. The Clinical Services Coordinator will assign the appropriate funding stream and approve the authorization. The authorization will include the authorization number, the number of units authorized per week, and number of weeks the service is authorized. Following the

completion of the authorization, the CCC will approve the authorization and submit it electronically to the provider.

4. Prior to submission for payment, the provider must complete all session progress notes in the automated UM system.
6. At the end of each month, the provider will run an invoice out of the automated UM system,
7. The invoices will be submitted to the Director of Utilization Management who will complete an audit of the UM System to ensure all progress notes have been completed or that assessments such as psychological assessments have been received.
8. The Director will submit invoices for payment after completion of audit to verify all notes have been submitted.
9. If the invoice or any part of the invoice is not to be paid, the finance staff will write a memo notifying the provider of the portion of the invoice that will not be paid and why. This memo will be included with the check and invoice that is paid.

Functions of the Director of Contracts and Compliance

The Contracts and Compliance Manager provides all contract rates for inclusion in the automated UM system.

Complaints

Any complaints about payment adjustments due to lack of authorization will be first communicated to the respective Clinical Services Coordinator. If a mutually agreeable resolution cannot be reached, a complaint may be brought to the Senior Executive of Programs (See the Provider Network Manual).

Process Review

For ongoing review, any case management or FPoCF staff may identify a gap or potential improvement in the process; this must be communicated in writing to the Senior Executive of Programs.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
Chief Executive Officer
Brevard Family Partnership Family of Agencies

APPROVAL DATE: 10/28/2025

