



# PROVIDER ALERT

Alert # 5 – 2006 – 05 –05 – HCAL, HCCH, HCYA, HCBerks, HCNE

## ATTENTION RTF AND IRT/CRR/TFC CLINICAL STAFF:

### **New Community Care Forms For: Residential Treatment Facility (RTF) and Individualized Residential Treatment (IRT)/Community Rehabilitation Residential (CRR)/Therapeutic Foster Care (TFC)**

In an effort to standardize procedures across all Community Care Contracts/Counties, we will begin to implement a 90-day authorization period for all initial and continued stay requests for accredited and non-accredited Residential Treatment Facilities (RTF), Individualized Residential Treatment (IRT), Community Rehabilitation Residential (CRR) and Therapeutic Foster Care (TFC) requests. We are also reiterating the use of the new Community Care Forms for these services. Therefore, if you have not already begun to do so, please use the following attached documents as soon as possible to request up to 90-days for all initial and continued stay requests. These forms will be **required for all service requests by June 1, 2006.**

The following are the highlights of the changes:

1. **PLAN OF CARE:** The new Plan of Care Summary (POC), which is also referred to as Attachment 6 by the State, is a simplified form, which will be used in all Community Care Counties. Please note that there has been minimal change to this form which now includes space to identify the child's county of residence, the date of the evaluation prescribing the service and the program name at the treating facility.
2. **BEST PRACTICE/LIFE DOMAIN EVALUATION:** A Best Practice/Life Domain Psychiatric Evaluation is required for accredited RTF's and must be completed with the member within 30 days prior to the end of the member's authorization period. For non-accredited RTF's, IRT, CRR and TFC, the Best Practice/Life Domain Psychological Evaluation must be completed within 45 days of the end of the authorization period. Please note that all Best Practice/Life Domain Evaluations must include a MISA screen (as per Provider Alert #3 from 6/6/02) and a screen for Domestic Violence and Abuse (as per Provider Alert #3 from 3/23/06).
3. **COUNTY SIGNATURES:** Although county participation in the ISPT meeting is critical, in Chester, York, Adams and Berks Counties, the provider is no longer required to obtain the county signature on the POC because a Community Care representative will act as the county delegate.
4. **INTERAGENCY SERVICE PLANNING TEAM (ISPT) SUMMARY:** The ISPT Summary was developed to replace the treatment plan, which was previously completed by the referral source and submitted with the initial RTF or IRT/CRR/TFC packet for authorization. Providers expressed an interest in writing their own treatment plans, because the initial treatment plans written by the referral source have not reflected the objectives, methods and treatment interventions specific to the treating facility. The ISPT Summary was therefore developed with provider input to assist providers in determining a child's appropriateness for admission to their facility as well as to assist the provider in identifying the symptoms and/or behaviors which led to the RTF or IRT/CRR/TFC admission. In addition to the symptoms leading to admission, the ISPT Summary includes the confidentiality statement, ISPT sign-in sheet, prescriber collaboration, child/family demographics, past and present treatment effectiveness and any outstanding issues that need to be addressed while the child is in the treatment facility. The ISPT Summary is to be completed

by the referral source only at the initial ISPT and submitted to Community Care with the initial packet for authorization.

5. **INITIAL AND CONTINUED STAY TREATMENT PLANS:** Since the initial treatment plan will not be submitted with the initial request packet for RTF or IRT/CRR/TFC, the provider will be responsible for the development and submission of the initial treatment plan. Treatment goals and objectives will be easily defined by utilizing the “Symptoms and Behaviors Which Led to Admission” section of the ISPT Summary. Providers will therefore have the ability to individually define the treatment methods and interventions for each child in their facility. The initial treatment plan is due to Community Care within 30 days of the child’s admission to the program. As always, the continued stay treatment plan will be developed by the provider and submitted to Community Care for review with the Continued Stay Packet.
6. **DISCHARGE SUMMARY:** The RTF or IRT/CRR/TFC Discharge Summary must be completed by the provider and e-mailed to the Care Manager at Community Care within 14 days of the child’s discharge from treatment. The Discharge Summary includes the information necessary for a successful transition to the next level of care in a concise format. This Summary uses only the child’s Psych Consult Number, which is an identifier specific only to Community Care, allowing the form to be e-mailed in a HIPAA compliant format. The child’s Psych Consult Number may be accessed via the written authorization received by your facility, the provider census report or by contacting your Care Manager. In addition to completing and e-mailing this form to your Care Manager within 14 days of a child’s discharge, providers must also call their Care Manager to give verbal notification of a child’s discharge on or before the actual discharge date.
7. **DOCUMENTATION OF FAMILY INVOLVEMENT AND MEDICATION RATIONAL:** To be in compliance with IPRO standards, please ensure that you have documented evidence that the child’s family participated in an on-site meeting (a teleconference or video conference would also be acceptable) within seven days of the admission to a program. Also, please ensure that there is documented rational on the discharge summary and final psychiatric summary for the prescribed medications, including the prescribing psychiatrist’s signature.

**DATE TO USE NEW FORMS:** If you are not currently using the new forms, please do so as soon as possible, but no later than June 1, 2006.

If you have any questions regarding the new forms, please do not hesitate to contact your Care Manager immediately for assistance. We hope the new forms will be easier to use and will reduce confusion. Again, your Community Care Behavioral Health Care Manager is available to answer your questions and welcomes your communications.