



PROVIDER ALERT



Alert #6 – 2008 – 3-5 HCAL, HCCH, HCCMP, HCYA, HCBerks, HCNE, HCNC

Notification Regarding Implementation of an RTF/IRT/CRR/TFC ISPT Meeting Attendance Request Form

Community Care Behavioral Health is issuing this Alert to inform all RTF/IRT/CRR/TFC providers of the implementation of an Interagency Service Planning Team (ISPT) meeting attendance request form (attached).

- Effective March 1st, 2008 Community Care Behavioral Health will require providers of RTF/IRT/CRR/TFC services to use the attached ISPT meeting attendance request form.
- The form has been developed to allow the provider to include information regarding (but not limited to) the specific type of meeting that will occur, a prompt for active discharge planning to begin no later than 45 days prior to discharge, meeting date, time, and location with direct telephone number for attendees to call in, the facilitator's name, and the name of the child/adolescent's home school representative who has been invited to participate in treatment and/or discharge planning.
- **Note:** The form is to be faxed to the respective Community Care Behavioral Health Care Manager at least seven (7) days prior to the scheduled ISPT meeting.

If you have any questions related to this implementation please contact your provider relations representative.



RTF/IRT/TFC/CRR ISPT MEETING ATTENDANCE REQUEST

(Please fax to your Care Manager at least 7 days prior to the scheduled meeting)

Date: _____

Attention: _____ **CCBH Fax:** _____
 (Care Manager)

From: _____ **Agency:** _____

Phone: _____ **Agency Fax:** _____

Member's Name: _____ **MA#:** _____

Member's County of HealthChoices Eligibility: _____

An ISPT has been scheduled for the following type of request (check all that apply):

- Initial Authorization Continued Stay (Reauthorization)
- 30 Day (Treatment Review) Discharge (ISPT must be at least 45 days prior to D/C date)
- Other Explain: _____

The evaluation recommends the following services (please check all that apply):

- RTF IRT/TFC/CRR Other Explain: _____

Dates of service to be requested at ISPT: From _____ Through _____

Date of Admission: _____

ISPT Meeting Date: _____ **ISPT Meeting Time:** _____

Name of Meeting Facilitator: _____

ISPT Location (Include Street Address): _____

Telephone Number at ISPT Location: _____

Name of Child's Home School District/IU Representative: _____

Home School Representative Invited to ISPT: ___ Yes ___ No

Please FAX this form to your care manager's attention at:

Community Care Office	Confidential Fax Number
Allegheny County	1-888-251-0087
York, Adams and Berks Counties (Capitol Region)	1-866-418-0366
Chester County	1-888-589-6559
Northeast Region Moosic	1-866-284-9184
North Central Counties DuBois	1-866-294-1142
North Central Counties Moosic	1-866-558-2618
North Central Counties State College	1-866-562-2406
Carbon, Monroe and Pike Counties	1-866-562-2405