



# PROVIDER ALERT



Alert # 4 (CLARIFICATION) 11-23-11

## **Notification Regarding Changes Related to Child/Adolescent Acute and Non-Acute Partial Hospitalization Program (PHP) Services**

Community Care would like to issue clarification to Provider Alert #4, issued June 15, 2011, effective August 1, 2011. The intent of this clarification is to further distinguish from the previous alert those areas that specifically affect child/adolescent partial hospitalization.

### **Child and Adolescent Partial Hospitalization Program Changes**

Community Care is implementing a requirement that Interagency Service Planning Team (ISPT) meetings occur for all **Child and Adolescent PHP** referrals prior to a provider requesting an initial authorization.

#### **Implementation of ISPT meetings for all Child and Adolescent PHP referrals:**

- At the point where a decision is made to refer a child to a Partial Hospitalization Program, the referring organization or PHP must schedule an ISPT meeting and invite the Community Care Clinical Manager, (via fax 1-866-284-9184), who will assign the care manager. The notification of the invitation should be received at least seven days prior to the scheduled ISPT meeting.
- In addition to the Community Care Care Manager, the interagency team should include at a minimum, the child, parent(s) or legal guardian(s), case manager, providers who are currently rendering services to the child, a representative of the school district, and any other child welfare or child serving agencies that are providing services to the child and family.
- The purpose of the ISPT meeting is to allow the team to determine if Partial Hospitalization is the correct level of care, identify alternatives if needed, and identify the type of PHP for referral, when applicable.
- If Partial Hospitalization is recommended by the interagency team, the PHP provider will be required to fax the NE precertification authorization request to Community Care within 5 days following the ISPT meeting. The Care Manager may contact the provider to request additional information to help substantiate the request.
- The authorization period for **Child/Adolescent Non-Acute PHP** for both precertification and continued stay will be no longer than twelve (12) weeks. The previous time period was for no longer than six (6) months. Any authorization approved prior to the effective date on this notification will continue to the end of the authorized period.
- Upon review of the precertification and continued stay forms the Care Manager may initiate a clinical discussion with the provider if needed. Any concerns from the Care Manager related to the precertification, continued stay, or discharge will be referred to the Professional Advisor (PA).
- Please continue to utilize the same continued stay and discharge process.

\*Please note that there has been some additional information added to the Child/Adolescent Partial Hospitalization Program Notification Form. The additional information has been added to reduce the need for additional information being requested on an individual basis. The authorization request forms are on our website and can be accessed via: [www.ccbh.com/providers/phealthchoices/forms/index.php](http://www.ccbh.com/providers/phealthchoices/forms/index.php).

If you have any questions, please call 1-888-251-2224 and ask to speak to your assigned Provider Relations Representative.