



# Performance Standards

## Best Practice Evaluations

Performance Standards are intended to provide a foundation and serve as a tool to promote continuous quality improvement and progression toward best practice performances, to increase the consistency of service delivery and to improve outcomes for members

**Disclaimer:** These Performance Standards should not be interpreted as regulations. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then comply with all applicable Pennsylvania laws, including Title 55, General Provisions 1101, licensing program requirements and any contractual agreements made with Community Care Behavioral Health Organization in order to be eligible for payment for services.

## PSYCHOLOGISTS AND PSYCHIATRISTS COMPLETING BEST PRACTICE EVALUATIONS

### PERFORMANCE STANDARDS

Community Care has developed the following performance standards for psychiatrists, developmental pediatricians, and psychologists completing comprehensive evaluations of the children and adolescents that we serve. By developing performance standards, Community Care expects to achieve the following goals:

- Clearly communicate our performance expectations of evaluators.
- Identify performance indicators for the assessment of evaluators.
- Increase the comprehensiveness and quality of evaluations by requiring compliance to a standardized format for evaluations (“Life Domain Format for Psychiatric/Psychological Evaluations: Initial and Continued Care, 2nd Edition” published in DPW’s Guidelines for Best Practice in Child and Adolescent Mental Health Services. The document is attached to these performance standards and will be referenced as the Life Domain Format).
- Clarify the role of the evaluator as a valued member of the interagency team.
- Improve the clinical outcome of service.

### QUALIFICATIONS AND CORE COMPETENCIES:

Community Care expects all network evaluators to meet set educational and licensing requirements and to demonstrate core competencies in order to receive referrals of members for evaluations. Comprehensive psychiatric/psychological evaluations are to be completed by psychiatrists, psychologists or developmental pediatricians. To be well prepared to meet the performance standards put forth in this document, it is imperative that evaluators demonstrate competence in all of the following areas:

- **Knowledge of All Levels of Care Available to Children, Adolescents and Families** - Evaluators have the very important role and responsibility of prescribing mental health services. In order to formulate treatment recommendations and prescriptions for services, it is essential that evaluators fully understand the entire continuum of care available to children and families. Equally important is that evaluators fully consider all available treatment options when formulating the recommendations regarding service selection and the intensity of the prescription for services. Knowledge and consideration of the full continuum of care is expected to be demonstrated in the “Discussion and Recommendations” section of the evaluation.
- **Knowledge of and Practice Consistent with CASSP Principles**
  - *Child centered:* Through the evaluation process and written report, evaluators are expected to demonstrate a child centered approach. Evidence of such includes the production of an evaluation that clearly depicts the unique strengths and needs of a child, and a recommendation for individualized services reflective of the evaluator’s comprehensive understanding of the child. By reviewing a sample of an evaluator’s written evaluations and service recommendations, Community Care expects to see a wide range of prescribing practices as evidence that the

evaluator does not adhere to a “one size fits all” approach. Prescribing practices are expected to reflect an individualized child centered approach, thereby varying from child to child.

- *Family focused:* Evaluators are expected to fully engage a child’s family throughout the evaluation and treatment planning process. Evaluations are expected to include a full assessment of a family’s strengths and challenges, as well as identification of the natural supports within the family and their community. Evaluators are expected to describe the child and family respectfully. Often times, evaluators are the family’s first point of face-to-face contact with services. Therefore, evaluators are expected to support the development of a strong collaborative relationship between a child and family and other members of the interagency team.
- *Community based:* Evaluators are expected to make service recommendations consistent with supporting a child to remain in his/her community whenever possible, or to support a child’s return to the community. Natural supports and strengths of the community are to be considered and utilized to the fullest extent possible throughout the treatment process. When meeting with a child and family, the evaluator is expected to assess community resources and consider this information when making recommendations for treatment.
- *Multi-system:* Evaluators are expected to assess the extent of involvement a child has across child serving systems. Knowledge of a child’s multi-system involvement must be reflected in treatment recommendations. Treatment recommendations are to facilitate a well coordinated, integrated treatment approach across systems. Evaluators are expected to assist the interagency team in identifying how to best achieve this goal.
- *Culturally competent:* Evaluators are expected to understand the culture of the children and families that they serve. Unique cultural issues are to be acknowledged and incorporated into treatment.
- *Least restrictive/least intrusive:* Evaluators are charged with recommending the least restrictive and least intrusive service plan expected to adequately address a child’s needs and offer the expectation of progress. Least restrictive typically refers to the setting for services. Least intrusive refers to the intensity of the services and is often times not fully considered. Community Care expects evaluators, in consultation and collaboration with interagency teams, to fully meet the responsibility of recommending the right service, in the right setting, at the right level of intensity for each individual child that they evaluate.
- **Ability to Conduct a Comprehensive Evaluation and Generate a Written Evaluation Report in Compliance with the Recommended Format** - Evaluators are expected to be familiar with, understand, and utilize the Life Domain Format when assessing a child enrolled with Community Care. All evaluations submitted with requests for authorization of Behavioral Health Rehabilitation Services (BHRS) must comply with the Life Domain Format. Community Care tracks the comprehensiveness of evaluations by assessing the extent to which each of the issues identified in the Life Domain Format is addressed. Evaluators submitting evaluations that lack sufficient detail to adequately address each of the required elements will be contacted by a Community Care care manager, psychologist, or

professional advisor. Evaluators will be expected to submit additional clinical information to result in a comprehensive report that addresses all of the areas included in the Life Domain Format. One performance indicator for the purpose of assessing evaluators is the percentage of evaluations submitted that contained insufficient information to be deemed comprehensive and in compliance with the requirements of the Life Domain Format.

- **Knowledge of the Medical Necessity Criteria for Prescribed Services -** Evaluators are expected to fully understand the Medical Necessity Criteria (MNC) for services that they are prescribing. Community Care has adopted the MNC provided in Appendix T of DPW's HealthChoices Request for Proposal. While most evaluators are familiar with MNC for traditional services such as outpatient, inpatient, and partial hospitalization, many are not familiar with the criteria for community based mental health services. Any prescriber of BHRS must demonstrate knowledge of the MNC for this level of care and ascribe to prescribing practices consistent with the criteria.
- **Established Collaborative Relationships with Other Child-Serving providers -** Evaluators are expected to demonstrate positive collaborative working relationships with other child serving providers. This is important for a number of reasons. First, evaluators are expected to maintain a current knowledge of all of the treatment options and resources available to every child and family that they serve. Second, evaluators are expected to facilitate an integrated approach to services and therefore must be able to receive and give information to a multitude of service providers. Third, evaluators are expected to maintain a broad vision and offer an independent assessment when making service selection recommendations. An evaluator that only works with one provider that only provides one service or a narrow range of services may demonstrate a narrow vision when prescribing services. Therefore, a sampling of an evaluator's written reports is expected to demonstrate well documented consideration of multi-system involvement and recommendations that facilitate collaborative, coordinated care.
- **Knowledge of BHRS Regulations -** Evaluators are expected to fully understand the clinical implications of state issued bulletins and regulations. Evaluators are responsible for prescribing BHRS consistent with the intention of current regulations. For example, it is unacceptable for an evaluator to prescribe TSS to provide a "Big Brother" or a "Teacher's Aide" for a child, as current regulations prohibit the provision of TSS solely to provide a role model or teacher's aide for a child.

In addition to the identification of required qualifications and core competencies, these performance standards are intended to provide evaluators with practice expectations and guidelines at several key service points, including:

- Acceptance of referrals
- Initial contact with children and families
- Evaluation process
- Interface with the interagency team
- Issuance of a prescription for services
- Ongoing collaboration and consultation with the interagency team
- The re-evaluation process: monitoring the delivery and effectiveness of services.

## **ACCEPTANCE OF REFERRALS**

- Upon receipt and acceptance of a referral for an initial evaluation, evaluators or facilities providing evaluation services are expected to schedule an appointment with a child and family within seven days of the referral date. In HealthChoices, access to routine care is expected to be provided within seven days. With the implementation of recent MA Bulletins, all requests for services that eventuate in a prescription for BSC, MT, or TSS must result in the initiation of the prescribed services within 60 days of the initial request. In order to meet this timely access to services standard, it is necessary for evaluators to complete evaluations in a timely manner.
- If an evaluator offers an appointment within seven days, but this date and time is not agreeable with the family, and all agree to a date outside of the access standard, the evaluator is expected to document that an appointment within the access standard was offered to the family and the reasons for the date chosen.
- When an evaluator is unable to offer an appointment for an initial evaluation within seven days, the family is to be given information about available options. The evaluator may offer the family appointment options outside of the access standard. The evaluator is also expected to inform the family that other evaluators may be available to offer an earlier appointment date. If the family chooses to accept an appointment outside of the access standard, the evaluator documents this choice. If the family would like to seek a referral to another evaluator, Community Care is to be contacted. Community Care will facilitate a referral to an evaluator that is able to meet the access standard.
- When an evaluator is at capacity and cannot accept referrals due to an inability to meet the access standard, the evaluator is required to contact Community Care within 24 hours.
- Evaluators are also expected to complete re-evaluations required for the continuation of BHRS in a timely manner. Evaluators are expected to complete evaluations within seven days of a referral from a provider, and submit the written report to the provider within seven days of the evaluation appointment date. BHRS providers are expected to submit requests for the continuation of BHRS at least 10 business days prior to the expiration of the current service period. Evaluators and BHRS providers are expected to work collaboratively to ensure that arrangements for re-evaluations are made in a timely manner in order to meet the timeline for submission of continuing stay requests.

## **INITIAL CONTACT WITH A CHILD/FAMILY**

The evaluator plays a very important role in engaging the family in the assessment and treatment planning process. The evaluator is expected to create an atmosphere in which the family is recognized as knowing their child best and respected for the expertise they have to offer. Because the evaluator is often the first point of contact a child or family has with the mental health system, especially when community based services are being considered, the evaluator should take this opportunity to provide some guidance and education to families as to what they can expect from this process.

Evaluators should provide families with information in at least the following areas:

- Inform the family as to the array of services available.
- Discuss the preliminary recommendations for services and rationale for the recommendations.
- Discuss diagnostic considerations to be addressed in treatment.
- Educate the child and family as to what they can expect from the recommended services. When BHRS are recommended, evaluators should help the family to understand the scope and limitations of these services.
- Discuss and jointly formulate preliminary goals for treatment at the conclusion of the evaluation process:
  - Discuss the importance of a child and family's commitment to services.
  - Convey the message that successful treatment will be dependent upon the hard work of every member of the interagency team, including the child and caregivers.
  - Explain the interagency team meeting as the next step in planning services. Evaluators are expected to help prepare the family for the interagency service planning team meeting. Evaluators should explain their role as a member of the interagency team.
  - Inform the child and family that the choice of a provider will be theirs to make.

## **THE EVALUATION PROCESS**

- Evaluators are to conduct the evaluation interview in a manner consistent with CASSP principles.
- Evaluators are expected to implement a strengths based interview process.
- The goals of the evaluation process are to:
  - Assess whether a child is in crisis and is in need of an intense, highly restrictive level of care, such as inpatient or residential treatment.
  - Generate a written report that identifies competencies, resources, and needs and helps others to understand a child biologically, psychologically, developmentally, and socially.
  - Provide core information to all members of the interagency team in order that the interagency team meeting will be a positive intervention and effective service planning process.
  - Support the inclusion of the child, family, and other interagency team members in the evaluation process.
  - Create a comprehensive document that serves as a baseline for future evaluations and a tool for monitoring progress over time.
- Performance indicators of meeting the above goals include:
  - Demonstration of compliance with CASSP principles.
  - Full assessment of child, family, and community strengths is included in the written evaluation.
  - Evidence in the body of the evaluation that the need for a highly restrictive level of care was assessed.

- The written evaluation fully complies with the required elements identified in the Life Domain Format.
- Evidence that the evaluator obtained the necessary releases to share the written report with members of the interagency team.
- Completion and dissemination of the written report prior to the interagency team meeting. Community Care expects to receive evaluations at least two business days prior to the date of the interagency team meeting.
- The evaluator is expected to demonstrate the integration of information received from the child and family, and from a majority of the other members of the interagency team within the written report. Evaluators are expected to seek input from members of a child's interagency team for inclusion in his/her discussion and recommendations within the written evaluation. A comprehensive evaluation cannot be obtained by merely meeting with a child and not including other involved people and systems in the assessment process.
- The written report should clearly identify goals that are measurable over time.

The Life Domain Format clearly identifies the information that must be gathered, integrated, and understood to result in a comprehensive evaluation. All of the required elements of a comprehensive evaluation will not be reiterated here. However, after a number of years of experience reviewing evaluations recommending BHRS, Community Care has identified the information that is most commonly not adequately addressed in written evaluation reports.

Inclusion of the following areas leads to a high quality, comprehensive evaluation:

### **Section III: Relevant Information**

#### *Concerns:*

- Clinical basis for current service request and recommended treatment. Evaluators are expected to provide a clear rationale and clinical explanation as to why specific services are being requested.
- Nature, frequency, severity, and history of the child's behaviors/symptoms/ Serious Emotional Disturbance (SED) of concern. Evaluators often fail to supply sufficient clinical information or detail to establish the medical necessity for recommended services. For example, it is not enough to simply state that a child is aggressive with peers. Aggression needs to be defined in terms of nature, frequency, severity, and pattern over time.

#### *School/ Vocational:*

- Efforts to date of school to address current problems. Characteristics of current class setting. Before considering mental health services to be delivered in the school setting, evaluators need to understand the adaptations tried by the school to date. Consideration of school efforts to date must be documented in the evaluation.
- Current or past use of school based services. Evaluators need to consider what school based services have been tried, the length of such services, and the response to treatment to date when consideration is being given to prescribing services to be delivered in the school setting.

- Current or past educational testing, CER and IEP. A child's IEP must be understood and considered when developing any school based mental health interventions.

*Community:*

- Community activities and attachments. Evaluators are responsible for assessing and incorporating opportunities for growth through greater linkages to the natural resources available in the community into the treatment plan.

*Services:*

- Service History: Services used in past, reason, level of participation, and effectiveness. Include all levels of care, psychotropic medication, out-of-home placements, and services from other systems.
- Service Update: Current services - including hours and sites - with summary of recent service history. When attempting to determine the intensity of services needed to continue progress in treatment, it is essential to document consideration of the actual current level of intensity of services.
- Impact of services: Note the progress and degree of attainment of treatment goals and objectives. Identify effective and ineffective interventions. The treatment team benefits from the expertise of the evaluator in this area. Also note the receptivity of the child and family to services and the level of participation in treatment.
- Recommendations for planned modifications of goals and services. When conducting reevaluations, the evaluator is expected to review the current treatment plan and make recommendations for goal and service modifications.

**Section V. Discussion:**

- Hypothesis/formulation. Evaluators often fail to provide a summary of their clinical hypothesis as to what is causing a child to experience current concerns. A sampling of an evaluator's written reports is expected to demonstrate the consistent offering of a clinical hypothesis as to the reasons for the presenting problems.
- Rationale for recommended services. If less intensive services are not being tried, explain why.

**Section VII. Recommendations:**

- Clearly identify the intensity of each service recommendation. For example, if BHRS are being prescribed, it is necessary for the evaluator to specify an exact number of hours of each service being prescribed. It is not acceptable to prescribe a range of hours.
- Inclusion of other treatment recommendations besides BHRS. The goal of the evaluation is not to simply prescribe fee-scheduled BHRS, but to offer holistic individualized treatment recommendations, including formal and informal supports.
- For continued care requests, criteria for service tapering or modification of level of care, and recommendations to increase natural supports. The evaluator is expected to facilitate active discharge planning.

## **THE EVALUATOR'S PARTICIPATION AT INTERAGENCY TEAM MEETINGS**

- Evaluators are expected to attend (in person or by phone) all initial interagency team meetings (and maintain documentation of attendance) that are held as a result of a preliminary recommendation for BHRS. Evaluators are expected to attend as many continued stay interagency team meetings as schedules permit and maintain documentation of attendance.
- The evaluator is expected to obtain additional information through participation in the interagency team meeting for consideration when issuing a final prescription for services.
- The role of the evaluator is primarily that of an involved consultant to the interagency team. The evaluator should assist with the development of the treatment plan and with monitoring the effectiveness of the plan. The evaluator is expected to offer clinical guidance to the team, especially when treatment appears to be stalemated or progress is slow.
- When an evaluator is unable to attend an interagency team meeting, the team is responsible to communicate a summary of the meeting to the evaluator. The evaluator is expected to consider the feedback from the meeting when issuing a final prescription. The evaluation process is concluded with the issuing of a final prescription after the interagency team meeting.

## **ISSUANCE OF A PRESCRIPTION FOR SERVICES**

Evaluators are expected to thoughtfully arrive at a final prescription for services. A final prescription is only to be issued after full consideration is given to the input received from all members of the interagency team. If evaluators determine that they were unable to gather sufficient information to fully understand the child and family to arrive at service recommendations, evaluators should develop a plan with the interagency team to complete necessary assessment activities prior to issuing a prescription. Evaluators are expected to demonstrate prescribing practices consistent with the application of appropriate MNC. Prescribing practices should demonstrate congruence between the severity of the presenting symptoms, the strengths and resources available to the child, the openness of the family to treatment, and the type and intensity of recommended services.

## **ONGOING COLLABORATION AND CONSULTATION WITH THE INTERAGENCY TEAM**

Evaluators are expected to be available to BHRS providers. BHRS providers are expected to maintain regular (approximately monthly) contact with the evaluator. Because of the intensity of the service, BHRS providers are expected to discuss any modifications to a prescription with the evaluator. If a decrease in the intensity of a service or the elimination of a service type is planned during a service period, the evaluator is expected to provide written concurrence with such a decision.

## **THE RE-EVALUATION PROCESS AND MONITORING THE DELIVERY AND EFFECTIVENESS OF SERVICES**

Written re-evaluations are expected to begin with a “Brief Update” that identifies and summarizes the key events and changes during the most recent service period. Evaluators are expected to assess the extent of progress to date through the interview process with the family, consultation with the treatment team, and a review of the treatment plan. Evaluators are expected to make intervention recommendations to the treatment team to enhance the efficacy of treatment. Consideration of the current actual level of intensity of services must be considered when issuing a prescription for the continuation of care. The evaluator is expected to assist the team in developing plans for the tapering of services when clinically appropriate. The evaluator is to facilitate active discharge planning and document recommendations to the treatment team that facilitate discharge planning.