Reminder Regarding Parent/Guardian/Member Signatures on Forms

Community Care expects that behavioral health service providers in Community Care’s network hold to the highest standards regarding active participation of our members, and their families/guardians/significant others when applicable, in all aspects of treatment planning and delivery. Providers must ensure that:

1. Members, and parents/guardians in the case of children and adolescents, have a full understanding of all treatment recommendations and actively participate in decision making.
2. Providers work to educate members, and their families/guardians/significant others, about their treatment options including medical interventions, types of treatment and services available and choices available to them.
3. Providers ensure that members/families/guardians have a full understanding of all forms which require their signature including but not limited to consents to treatment, treatment plans, encounter forms, progress notes, rights and responsibilities in treatment and any/all forms required for billing for services rendered or reporting to CCBH or government entities.

Community Care has recently received a number of inquiries and complaints from members and families/guardians regarding the providers request of them to sign blank encounter forms, BHRS Service Reports, Progress Notes and/or treatment plans. Please be advised that Community Care expects that providers comply with all applicable State and Federal mandates, licensing and contract requirements and Medical Assistance Bulletins regarding the delivery of behavioral health services and those documentation requirements.

Please let this Provider Alert serve as a reminder that the Medical Assistance Bulletin effective July 1, 2001 titled “Reporting Requirements of Behavioral Health Rehabilitation Services in the Health Choices program” requires the following:

- “Before obtaining the signature, the provider must explain the report to the parent/guardian/recipient and confirm that he or she has received a copy of the reason code descriptions.”
- The Parent/Guardian/Recipient signature “clearly states that the parent/guardian/recipient signature in this field indicates that the parent/guardian/recipient agrees with the information contained in the report is correct”.

It is imperative that the report is completed prior to the parent/guardian/recipient’s review and agreement with information contained on the report. We have received a number of reports from parents/guardians that providers are submitting inaccurate information regarding reason codes. As you know, all member complaints are taken very seriously and are investigated in the process of working to resolve each complaint. In addition to investigating individual complaints, please be advised that Community Care has begun to notify parents/guardians in their authorization letters for BHRS that they should NOT sign blank or inaccurate encounter forms or BHRS Services Reports.

If you have any questions or require further clarification, please contact your Network Representative at #1-888-251-2224.