PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

Provider Notice

To:	**Behavioral Health Rehabilitation Service (BHRS) Providers (Capital Area only)**
From:	**Scott Daubert, PhD, VP Operations**
Date:	**May 15, 2019**
Subject:	**BHRS 19 100 Child/Adolescent Strengths and Needs (CANS) and Initial BHRS Request Submissions**

Starting July 1, 2019, all initial BHRS requests submitted to PerformCare must include a copy of the Members' CANS assessment. If the BHRS provider of choice receives a Best Practice Evaluation or an evaluation from an out-of-network provider and it does not include a copy of the CANS, a CANS-certified clinician (BSC/MT) at the provider of choice will be required to complete a CANS and include a copy with the BHRS request submission. Please note, a copy of the CANS will be considered part of a valid initial BHRS request (starting July 1, 2019), and missing CANS assessments from initial BHRS submissions will impact provider award of the ISPT Event (H2021 U7) authorization if BHRS is approved.

PerformCare will monitor all initial requests submitted for BHRS and contact Providers if the CANS assessment is missing. Further outreach may occur to specific providers by Account Executives as needed. A Quality Improvement Plan may be required by PerformCare based on any lack of responsiveness by Provider to outreach attempts. Please contact your Account Executive if you have further questions related to the detailed process outlined in Attachment 1.

cc: Scott Suhring, Capital Area Behavioral Health Collaborative
PerformCare Account Executives

Attachment 1: BHRS 19 100
Initial BHRS Protocols
Capital Contract Only

1. During the course of an initial Best Practice evaluation, evaluators are required to have the Member/Parent/Guardian complete a Provider Choice Form (which is located on PerformCare website) and forward form (i.e. fax) to the provider of choice within (1) business day. (Providers who conduct ISPT meetings after the Evaluation need to have Provider Choice Form at ISPT and invite all team members, including Clinical Care Managers.) Diagnosis is listed on the Provider Choice Form so that the provider of choice can staff the Interagency Service Planning Team (ISPT) meeting with a qualified Master's-level clinician**. MT/BSC/BSC-ASD. Member/Parent/Guardian contact information is included on the Provider Choice Form to facilitate ISPT scheduling by the provider of choice.

   **Qualified Clinician – an individual who has signed job description as a MT/BSC/BSC-ASD and meets all qualifications and training requirements to follow all applicable Bulletins as a clinician.*

2. Initial evaluations must be submitted (by the evaluator) to both the provider of choice AND PerformCare within (7) business days of the evaluation date.

3. The provider of choice is required to schedule ISPT meetings, which must be facilitated by a qualified clinician (MT/BSC/BSC-ASD), preferably the Member's assigned clinician when capacity permits, to occur within (20) calendar days of the evaluation date. (Providers who conduct ISPT meetings after the Evaluation are required to invite all team members, including Clinical Care Managers.) During the course of the ISPT meeting, the clinician is responsible for completing the ISPT Summary, developing a proposed treatment plan (PerformCare recommends Provider's reference PA CASSP: Writing Effective Treatment Plans), completing the Plan of Care, and scheduling next dates of service (Transfer to another Provider should be offered and documented if current Provider does not have capacity at on date of ISPT). Provider of choice is responsible for completing ISPT Meeting Notification assessment in Jiva Provider Portal at least (7) calendar days prior to the ISPT meeting date.
   - 3.1. Provider of choice is required to invite the PerformCare Clinical Care Managers (CCM) and Target Case Managers (TCM) to all ISPT meetings and will participate as scheduling permits. The goal is for the CCM and/or TCM to participate in as many ISPT meeting as possible. The CCM and/or TCM will assist the lead Clinician to engage all participants in a clinically focused discussion regarding the members presenting problems as indicated in the Evaluation and raised by team in meeting, the goals to be addressed in treatment planning, expectation and roles of Member/Family/Guardian/School in treatment, discharge goals and expectation outcomes for discharge as part of the ISPT meeting, and review of the full continuum of care that may address presenting problems/goals, as well as natural and community supports.
   - 3.2. When scheduling the ISPT meeting with the Member/Parent/Guardian, providers should remind them to bring their calendar/appointment book to the ISPT meeting so that follow-up appointments for all recommended BHRS can be scheduled at that time.

3.2.1. During the ISPT meeting the provider of choice will schedule a date of service to occur within (14) calendar days of the ISPT meeting for all recommended services. (Based on capacity at time of ISPT).

3.2.2. Provider of choice is responsible for contacting Member/Parent/Guardian to cancel any scheduled sessions for services not approved.

3.3. The provider of choice is to be aware of current network capacity prior to the ISPT meeting in order to inform the Member/Parent/Guardian of a transfer offer as needed. (Network capacity information is available on PerformCare's website).

3.4. NOTE: Medical Necessity decisions will not be made during the course of ISPT meetings as per Office of Mental Health and Substance Abuse Services [OMHSAS] Issue Clarification RFP-3-96-115, dated 10/1/97.

3.5. Only approved services are reimbursable; therefore the requirements for reimbursement will not be met for MT/BSC/BSC-ASD participation in ISPT if BHRS request results in a complete denial of requested services. The request for BHRS must meet medically necessity and approved by PerformCare for reimbursement of the ISPT.

4. ISPT Summary/Initial BHRS packet are required to be submitted to PerformCare within (10) business days of ISPT meeting. Provider of choice is responsible for submission.

4.1. The provider will receive an authorization backdated to the ISPT meeting date when a qualified BSC/BSC-ASD/MT facilitates the ISPT meeting and this will serve as first date of service for the clinician.

4.2. The provider will receive an Initial ISPT Event (H2020 U7) authorization when a qualified BSC/BSC-ASD/MT facilitates the ISPT meeting and the provider initially submits a complete request within the (10) business day timeframe.

4.2.1. A complete packet consists of: an evaluation, submission sheet, plan of care, Provider Choice Form, evidence of inviting school personnel to ISPT meeting (if school Therapeutic Support Staff -TSS is recommended, presenting problems are identified in school or member/family request school participation), Child and Adolescent ISPT Meeting Summary/sign-in, proposed treatment plan, CANS, and Child/Adolescent Services Disagreement Memo (if applicable per Interagency Service Planning Team ("ISPT") sign-in/ concurrence form requirement).

4.2.1.1. A TSS Schedule is no longer required by PerformCare for any HealthChoices Contract. The potential need for TSS Schedule is required to be discussed and documented during the ISPT meeting. (Example: TSS is needed from 4-6 PM on Monday-Wednesday-Friday in the home setting to address X, Y and Z).

4.2.2. When a qualified BSC/BSC-ASD/MT facilitates the ISPT meeting and the provider does not initially submit a complete request within the (10) business day timeframe, the provider will still receive an authorization backdated to the date of the ISPT meeting, however they will not receive an Initial ISPT Event (H2020 U7) authorization.

4.2.3. Authorization will not be backdated to date of ISPT when a qualified MT/BSC/BSC-BSC-ASD does not facilitate the ISPT meeting and therefore the start date of the authorization will be the date of Medical Necessity determination.

5. PerformCare has (2) business days upon receipt of complete request to make a Medical Necessity decision as per PerformCare policy CM-CAS-008.
    5.1. Providers will be notified of medical necessity decision via an initial approval/authorization letter and by accessing Jiva Provider Portal. The Clinical Care Manager will notify Provider by phone when a request result in denial.
    5.2. Member will be notified of approvals via formal approval/authorization letter and denials via formal denial letter and accompanying CCM phone call.

6. If the BHRS provider of choice receives a Best Practice evaluation or an evaluation from an out of network provider and it does not include a copy of the CANS, a CANS-certified clinician (BSC/MT) at the provider of choice will be required to complete a CANS and include a copy with the BHRS request submission. Please note, a copy of the CANS will be considered part of a valid initial BHRS request (starting July 1, 2019) and missing CANS assessments from initial BHRS submissions will impact provider award of the ISPT Event (H2021 U7) authorization if BHRS is approved.

7. PerformCare will monitor all initial requests submitted for BHRS and contact Providers if CANS is missing. PerformCare will also track monthly outreach and report to Providers AE for follow up. Additionally, QI may be notified and a QIP required based on lack of responsiveness by Provider to AE outreach. Contact your AE with additional questions.