# <u>Summer Therapeutic Activities Program (STAP) 2020</u> Guidelines for Authorization

# 1. Referral Source

1.1. Members and their families may contact an MA-enrolled prescriber, child service systems provider, or the PerformCare Clinical Care Manager for assistance in pursuing Summer Therapeutic Activities Program. A written order or Best Practice Evaluation (BPE) must be completed in order to assess the child's need/s, along with the clinical rationale for STAP, if indicated. This request will then be submitted to PerformCare for a Medical Necessity review. If a Member is currently enrolled with an Intensive Behavioral Health Service (IBHS) or BHRS provider who does not provide STAP, the provider should assist the family with identifying a provider who does provide STAP.

#### 2. Time Frames for Submission

- 2.1. Enrollment in STAP requires prior authorization.
- 2.2. All STAP requests should be submitted to PerformCare no later than (7) business days prior to the start of STAP to allow for adequate MNC review time and transportation arrangements to be made with the family. Any requests received after this time will not be guaranteed transportation, as all transportation arrangements must be made when services are approved. Members may, however, be transported by their families if preferred.

#### 3. Submission Method

3.1. PerformCare requires that requests be submitted by the STAP Provider via NaviNet. Please reference the NaviNet section of our website for any questions. (<a href="http://pa.performcare.org/providers/self-service-tools/navinet.aspx">http://pa.performcare.org/providers/self-service-tools/navinet.aspx</a>)

# 4. Elements of a valid STAP request:

- 4.1. Submission Sheet
- 4.2. Written order/ Best Practice Evaluation (BPE)
- 4.3. Proposed treatment plan
  - 4.3.1. A copy of the full treatment plan no longer needs to be submitted but should be maintained in Member's record.
- 4.4. Provider Choice form

Note: Plan of Care, ISPT meetings, and the STAP Intent to Accept Form are no longer required as part of a valid STAP request.

### 5. Authorizations

5.1. All approved STAP requests will be for the duration of the STAP session requested. No re-authorization requests are required.

## 6. Discharge

- 6.1. Providers should submit a discharge summary to PerformCare within 45 days following each Member's completion of STAP programming.
- 6.2. A treatment plan does not need to be submitted at the time of discharge.

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917
Providers: 1-888-700-7370 Fax: 1-855-707-5823
Mailing Address: 8040 Carlson Road Harrisburg, PA 17112

4/10/2020 Page 1 of 1