

PerformCARE [®]		Policy and Procedure
Name of Policy:	Referrals for Care from Inpatient and Residential Treatment	
Policy Number:	CM-CAS-005	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/01/05	
Last Revision Date:	01/18/24	
Last Review Date:	02/12/25	
OMHSAS Approval Date:	N/A	
Next Review Date:	02/01/26	

Policy: Medical necessity guides all determinations of care. The PerformCare Clinical Care Manager and Psychiatrist Advisors, review clinical information obtained from Members/Families/Guardian, Providers, ISPT/team meetings, evaluations to authorizing services and determining medical necessity.

Purpose: To assure that children and adolescents requiring more extensive care than available in outpatient therapy receive appropriate and timely evaluations/assessments for care.

Definitions: **Residential treatment:** Mental health treatment modality that requires the Member to live away from the natural home. Examples of residential treatment include Community Residential Rehabilitation Host Home (CRR-HH) and Residential Treatment Facility (RTF).

The Interagency Service Planning Team (ISPT): Is comprised of the child/adolescent Member, family or legal guardian, significant community support persons, treating professionals, county case management if assigned, Evaluator or other psychiatrist or psychologist involved with the Member, vocational and educational specialists, other child serving systems such as Children, Youth and Families and Juvenile Probation, the PerformCare Clinical Care Manager, and others identified as central to the successful treatment for the child/adolescent.

Acronyms: **IBHS:** Intensive Behavioral Health Services
CRR-HH: Community Residential Rehabilitation Host Homes
ISPT: Interagency Service Planning Team
RTF: Residential Treatment Facilities

- Procedure:**
1. For children/adolescents in Inpatient, RTF, and CRR-HH discharge planning should begin at admission. Children being discharged from RTF's, CRR-HH's and Inpatient are required to have an evaluation to recommend aftercare services. This evaluation should be completed by the attending psychiatrist in the inpatient unit or the Residential Treatment Facility and by the Evaluator for CRR-HH.
 2. RTF/CRR-HH and Inpatient providers must notify the Clinical Care Manager at least forty-five (45) calendar days and three (3) calendar days, respectively, prior to discharge so that an adequate transition plan can be authorized.
 3. Family members/legal guardians, as well as the child/adolescent if required or deemed clinically appropriate, are central to all transition/discharge plan meetings.
 4. RTF/CRR-HH and Inpatient providers assist families in participating in the meeting (i.e., virtual participation, teleconference, and/or transportation to the meeting).
 5. If the child/adolescent Member is adjudicated dependent or delinquent and receiving medically necessary behavioral health services, the psychiatrist or evaluator must involve the closest natural supports to which the child will be returning as well as the Guardian. Representatives from the county Children and Youth office or the Juvenile Probation Office involved with the Member are included in the planning process. Treatment decisions are based on medical necessity.
 6. The evaluation recommending aftercare services (which is generally referred to as a Discharge Summary in inpatient and residential facilities) must be completed prior to the anticipated discharge date and with sufficient time for aftercare services to be authorized and obtained.
 - 6.1. The evaluation may result in a prescription for IBHS and/or other treatment services within the child/adolescent continuum of care appropriate to meet the needs of the Member.
 - 6.2. PerformCare policy and corresponding regulations are required to be followed if IBHS, FBMHS, CRR, or RTF are recommended as after care.
 7. PerformCare will follow regular Approval/Denial process, per *CM-013 Approval/Denial Process and Notification*.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-CAS-042 Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) – BC/MT/BHT & ABA Services
CM-CAS-043 Initial & Re-Authorization Requirements for Intensive Behavioral Health Services (IBHS) – Group/Evidenced-Based Therapy/Other Individual Services
CM-CAS-051 Procedure for Prior Authorization for Family Based Mental Health Services (FBMHS)
CM-CAS-053 CRR-HH Initial and Re-authorization Process
CM-CAS-054 RTF Initial and Re-authorization Process
CM-CAS-056 Children’s Service Team Meeting & ISPT planning
QI-044 Grievance

Related Reports: None

Source Documents and References: None

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:



Primary Stakeholder