

PerformCARE®		Policy and Procedure
<b>Name of Policy:</b>	Best Practice Evaluation and Continued Care Evaluation Requirements	
<b>Policy Number:</b>	CM-CAS-055	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin/Fulton	
<b>Primary Stakeholder:</b>	Clinical Department	
<b>Related Stakeholder(s):</b>	Provider Network Operations	
<b>Applies to:</b>	Providers	
<b>Original Effective Date:</b>	03/01/22	
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<b>Last Review Date:</b>	01/25/24	
<b>OMHSAS Approval Date:</b>	N/A	
<b>Next Review Date:</b>	01/01/25	

**Policy:** Members requesting or being referred for treatment from PerformCare can be seen for a Best Practice Evaluation or Continued Care Evaluation.

**Purpose:** To assure that Members, families/guardians, Evaluators and network providers are aware of the process for completing Member evaluations assessing the need for treatment and recommendation of services as well as the submission process to PerformCare.

**Definitions:** **Best Practice Evaluation:** Evaluation that can present a thorough and accurate diagnostic picture and enable the development of a treatment service plan. In order to best meet the needs of those children and adolescents, PerformCare has developed a network of Evaluators who can provide quality assessment and evaluation of children and adolescents to determine their need for services.

**Continued Care Evaluation:** Evaluation to request reauthorization of services.

**Acronyms:** **BPE:** Best Practice Evaluation  
**FBMHS:** Family-Based Mental Health Services  
**IBHS:** Intensive Behavioral Health Services

**Procedure:** 1. PerformCare requires Best Practice Evaluations for Initial & Re-Authorization Requirements for Community Residential Rehabilitation Host Home and Community Residential Rehabilitation – Host Home Intensive Treatment Program per *CM-CAS- 053*.

2. BPE are not required for IBHS or FBMHS requests but may be utilized for diagnostic clarification, the first time a child enters the behavioral health system seeking treatment, as well as for complex cases.
3. BPE may also serve as an IBHS Written Order provided it meets all regulatory requirements.
4. Requests for Best Practice Evaluations and Continued Care Evaluations.
  - 4.1. Initial Best Practice Evaluations and Continued Care Evaluations do not require prior authorization and a claim should be submitted within the timely filing limit outlined in the Provider Manual.
  - 4.2. When PerformCare receives a request by phone for an evaluation, the Member/family/guardian is given a choice of at least two (2) Evaluators/Providers.
  - 4.3. All Best Practice Evaluations and Continued Care Evaluations must be submitted to PerformCare following standards outlined in related authorization policies. Refer to related P&Ps at end of this policy.
  - 4.4. Upon receipt and review of the evaluation, PerformCare will follow-up with the submitting agency if:
    - 4.4.1. Does not meet IBHS regulations if used for IBHS Order.
    - 4.4.2. Pages are missing.
    - 4.4.3. Evaluation is not signed or electronically signed by the prescriber or their supervisor.
    - 4.4.4. Information is not legible.
    - 4.4.5. The individual is not a Member or has lost Medical Assistance coverage.
    - 4.4.6. The identifying information for the Member does not match PerformCare's electronic medical records.
    - 4.4.7. Wording of the service prescription is missing frequency, intensity, and/or duration, and measureable treatment progress.
5. PerformCare requires Initial Best Practice Evaluations and Continued Care Evaluations to be submitted using the *Life Domain Reporting Format* outlined in the *Guidelines for Best Practice in Child and Adolescent Services* published by the Department of Human Services, Office of Mental Health and Substance Abuse Services. Use of the *Life Domain Reporting Format* assures that a comprehensive review of the child/adolescent being evaluated for treatment is completed and appropriate recommendations for any service in the continuum can be made.
  - 5.1. Note the Life Domain format no longer use 5 Axis format. Provider should follow *OMHSAS Bulletin: 14-04 Diagnostic and statistical manual of mental disorders, fifth edition (DSM 5)*.
6. PerformCare Evaluators must meet the following criteria:
  - 6.1. Pennsylvania licensed psychologist or physician.

- 6.2. Individually enrolled as a Medical Assistance provider following Ordering, Referring, and Prescribing requirements.
- 6.3. Participate in all PerformCare required Evaluator trainings.
- 6.4. PerformCare credentialed network Pennsylvania licensed Psychologist and Physicians who have completed Primary Source Verification by PerformCare or are employed in good standing by a PerformCare credentialed network provider agency that has completed Primary Source Verification, meeting all requirements set forth in the PerformCare provider contract.
- 7. Evaluators are encouraged to participate in treatment team meetings as clinically indicated based on unique needs of Members.
- 8. Evaluator/Psychological Associate Orientation and Approval.
  - 8.1. Each evaluator and any attested associate conducting a Best Practice Evaluations under a licensed psychologist will undergo an orientation to evaluator performance standards for Best Practice Evaluations (BPE) and the monitoring process. This orientation will be provided by a PerformCare Psychologist Advisor (PA). If an evaluator or associate becomes employed by a different provider or supervising psychologist, they will be required to undergo orientation each time they change providers. The orientation will be required prior to conducting BPE and at the time, a licensed psychologist submits their request for credentialing or for any associate approval requests. The evaluator or any of their associates will not be permitted to perform BPE funded by PerformCare until they have undergone the orientation process. The orientation shall:
    - 8.1.1. Introduce evaluator or their associate to PA and role.
    - 8.1.2. Explain evaluator performance expectations and monitoring process by:
    - 8.1.3. Identifying best practice standards. A packet of standards will be provided which includes the specific performance categories for the BPE that are monitored through the assessment.
    - 8.1.4. Discussing common concerns found in evaluations, which often trigger PA consults with evaluators and their psychological associates. If there are concerns about performance, outreach occurs by a PA to the licensed psychologist or to both the licensed psychologist and their associate.
    - 8.1.5. For applicable contracts, ensuring that the evaluator or their associate has been trained and certified to conduct CANS.
  - 8.2. Licensed Psychologists must submit their request including a resume to conduct and be reimbursed for BPE in the PerformCare Network to their Account Executive (AE). The AE will forward the information to a Psychologist Advisor (PA). The PA will outreach to schedule an orientation for the requesting evaluator. Simultaneously, the Provider must complete CANS certification.

- 8.3. A licensed psychologist who is already credentialed or approved under a clinic or IBHS agency to perform BPE may add an associate to perform BPE under their direction and supervision, the psychologist must submit an attestation form and the associate's resume to their AE. A PA and Network Development will review credentialing information with the licensed psychologist to affirm the tasks the psychologist is delegating to the associate as well as the oversight structure the psychologist has put in place. Upon review and approval of the attestation information the PA will outreach to schedule the orientation and the associate must also simultaneously complete the CANS certification process.
9. Regular Evaluator trainings will be conducted by a PerformCare Psychologist Advisor in order to assure that all contracted Evaluators are aware of and utilize best practice standards. These trainings will focus on the children's continuum of care in the public system, PerformCare medical necessity criteria, CASSP principles, and treatment outcomes.
10. PerformCare Psychologist Advisor will outreach if trends are identified for BPE that do not meet standards. *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers* will be followed as needed.

**Related Policies:** *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-053 Initial & Re-Authorization requirements for Community Residential Rehabilitation Host Home and Community Residential Rehabilitation – Host Home Intensive Treatment Program*  
*QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*

**Related Reports:** None

**Source Documents**

**and References:** *Department of Human Services, Office of Mental Health and Substance Abuse Services: Guidelines for Best Practice in Child and Adolescent Services.*  
*Chapter 1155 & 5240 Intensive Behavioral Health Services Regulations.*  
*Medical Assistance Bulletin 99-16-07 Enrollment of Ordering, Referring and Prescribing Providers, Issue Date April 1, 2016.*  
*Medical Assistance Bulletin 99-17-02 Submission of Claims that Require the National Provider Identifier (NPI) of a Medical Assistance enrolled Ordering, Referring or Prescribing Provider, Issue Date January 30, 2017.*

*42 CFR §455.410 Enrollment and screening of providers.  
OMHSAS Bulletin: 14-04 Diagnostic and statistical manual of mental disorders, fifth edition (DSM 5).*

**Superseded Policies  
and/or Procedures:**

*CM-CAS-007 System of Evaluators for Children and Adolescents –  
Structure, Function and Process  
CM-CAS-029 Completion and Submission of Best Practice Evaluations and  
Continued Care Evaluations  
QI-040 Evaluator Monitoring*

**Attachments:** [Attachment 1 Life Domain Format for Psychiatric- Psychological Evaluations](#)  
[Attachment 2 Form-Licensed-Psychologist-Attestation](#)

Approved by:



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Primary Stakeholder