

PerformCARE®		Policy and Procedure
<b>Name of Policy:</b>	FBMHS Prior to Admission or Discharge to RTF or CRR-HH	
<b>Policy Number:</b>	CM-CAS-037	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Clinical Care Management	
<b>Related Stakeholder(s):</b>	None	
<b>Applies to:</b>	Providers	
<b>Original Effective Date:</b>	01/01/06	
<b>Last Revision Date:</b>	04/11/25	
<b>Last Review Date:</b>	04/11/25	
<b>OMHSAS Approval Date:</b>	05/03/24	
<b>Next Review Date:</b>	04/01/26	

**Policy:** To ensure that FBMHS providers understand the process for continuing or ending services when the Member enters or is discharged from a residential program.

**Purpose:** To ensure that FBMHS continue or end in accordance with the needs of the Member, as recommended by the treatment team and as authorized by PerformCare.

**Definitions:** None

**Acronyms:** **CCM:** Clinical Care Manager  
**CRR-HH:** Community Residential Rehabilitation Host Home  
**FBMHS:** Family-Based Mental Health Services  
**RTF:** Residential Treatment Facility

**Procedure:**

1. FBMHS may be authorized prior to CRR or RTF admission and continue until the date a Member is admitted. Any additional services that may be necessary to continue with the Member/family post CRR-HH or RTF admission must be discussed with the PerformCare CCM prior to delivery. FBMHS that continue after the Member is admitted to a CRR-HH or RTF will rarely occur because entry into these levels of care frequently takes a few weeks and service termination, and discharge planning should be completed during this time.
2. Members being discharged from CRR-HH or RTF may benefit from the involvement of FBMHS to assure that

progress made during the course of the out of home treatment is not lost in the transition to home. This will also provide the Member and family with needed supports and skills to assure a successful reentry into the home setting.

- 2.1. CRR/RTF Providers may submit a request for FBMHS as aftercare 75 days before discharge and if services meet medical necessity and are approved, the preferred FBMHS provider may begin serving the identified Member and Family up to a maximum of 60 days prior to discharge from the CRR-HH or RTF.
- 2.2. The RTF/CRR-HH provider should send their final discharge summary to the accepting FBMHS provider and PerformCare.
- 2.3. If the request for FBMHS is denied the CCM will work with the residential provider to secure medically necessary alternative treatment services prior to discharge from the CRR-HH or RTF.
- 2.4. CRR-HH/RTF Provider should follow *CM-CAS-051 Procedure for Prior Authorization for FBMHS*.

**Related Policies:** *CM-013 Approval/Denial Process and Notification*  
*CM-CAS-040 Discharge Planning from FBMHS*  
*CM-CAS-051 Procedure for Prior Authorization for Family Based Mental Health Services (FBMHS)*

**Related Reports:** None

**Source Documents  
and References:** None

**Superseded Policies  
and/or Procedures:** None

**Attachments:** None

Approved by:



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Primary Stakeholder