

		<b>Policy and Procedure</b>
<b>Name of Policy:</b>	Initial & Re-Authorization Requirements for Residential Treatment Facility (RTF)	
<b>Policy Number:</b>	CM-CAS-054	
<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>	02/15/22	
<b>Last Revision Date:</b>	01/25/24	
<b>Last Review Date:</b>	01/25/24	
<b>OMHSAS Approval Date:</b>	01/25/24	
<b>Next Review Date:</b>	01/01/25	

**Policy:** Establishes protocols for the initial and re-authorization of Residential Treatment Facility (RTF).

**Purpose:** To assure that network providers meet requirements for requesting initial and re-authorization of Residential Treatment Facility (RTF).

**Definitions:**

**ISPT:** The Interagency Service Planning Team is comprised of the child/adolescent Member, Parent/Guardian, significant community support persons, treating professionals, school personnel, CASSP, County Children’s Mental Health Program designee, Evaluator or other psychologist or psychiatrist involved with the Member, vocational and educational specialists, the PerformCare Clinical Care Manager (CCM), and others identified as central to the successful treatment for the child/adolescent. This can include, but is not limited to, Children, Youth and Families, Juvenile Probation, and County Case Management.

**Accredited RTF:** Residential treatment facility accredited by the Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities and Council on Accreditation.

**Non-Accredited RTF:** Residential treatment facility not accredited by the Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities and Council on Accreditation.

**RTF:** A Residential Treatment Facility provides comprehensive mental health treatment for children and adolescents in a

residential setting and meets State and Federal participation requirements.

**Targeted Case Management:** includes Intensive Case Management, Resource Coordination and Blended Case Management.

**Acronyms:** **CCM:** Clinical Care Manager  
**CYS:** Children and Youth Services  
**JPO:** Juvenile Probation Office  
**MH-ID:** Mental Health-Intellectual Disability  
**ORP:** Ordering, Referring, Prescribing  
**TCM:** Targeted Case Manager

- Procedure:**
1. Initial Requests for RTF:
    - 1.1. For initiation of RTF, PerformCare requires a psychiatric evaluation from an ORP-enrolled, licensed psychiatrist.
      - 1.1.1. Note: psychological evaluations will not be accepted for initial RTF requests.
    - 1.2. The psychiatric evaluation must be submitted to PerformCare within ten (10) calendar days of completion.
    - 1.3. Within (2) business days of receiving a RTF recommendation, PerformCare will begin to schedule an ISPT meeting at a date and time most convenient for the Member/Parent/Guardian and involving all members of the treatment team including, but not limited to, PerformCare CCM, County MH-ID representative, CYS, JPO, school, community and natural supports, and any current behavioral health service providers.
      - 1.3.1. If the Member has an active TCM, that individual is responsible for scheduling and facilitating the ISPT meeting for initial RTF.
        - 1.3.1.1. Note: PerformCare CCM must be invited to participate in these meetings and CCM participation is required.
    - 1.4. Following the ISPT meeting, a valid request will be submitted to PerformCare within four (4) calendar days.
      - 1.4.1. If the Member has an active TCM, that individual is responsible for submitting a valid request to PerformCare.
      - 1.4.2. In the absence of a TCM, the PerformCare CCM who facilitated the ISPT meeting will assemble a valid request.
      - 1.4.3. A valid request consists of:
        - 1.4.3.1. PerformCare Child/Adolescent Services Request Submission Sheet.
        - 1.4.3.2. Psychiatric evaluation (completed within 30

- calendar days of request submission).
- 1.4.3.3. ISPT Sign-In sheet.
- 1.4.3.4. ISPT Summary (completed within 30 calendar days of request submission).
- 1.4.3.5. Proposed Treatment Plan for Initial Requests.
- 1.5. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
- 1.6. If approved, PerformCare, with feedback from the Member/Parent/Guardian concerning provider choice, will send referrals to all clinically appropriate RTF providers best able to meet Member needs based on symptom presentation, geographical location, and age.
  - 1.6.1. If the Member has an active TCM, that individual is responsible for sending referrals to all clinically appropriate in-network RTF providers.
  - 1.6.2. All out-of-network RTF referrals are the sole responsibility of PerformCare.
- 1.7. Once received, RTF providers have seven (7) calendar days to review the referral information, including interviewing the Member, and determine if the Member is appropriate for their program. Responses can be communicated by phone or completion of the CRR-RTF Provider Referral Response Form.
  - 1.7.1. If declining the referral, the provider is responsible for notifying PerformCare (or the TCM, if applicable) and provide a clear detailed rationale for not accepting.
  - 1.7.2. If accepting the referral, the accepting provider will notify PerformCare (or the TCM, if applicable) and the Member/Parent/Guardian of the acceptance as well as proposed admission date.
  - 1.7.3. If a decision cannot be made in seven (7) calendar days, the RTF provider should contact PerformCare (or the TCM if applicable) to provide an update. An update should also be provided every seven (7) calendar days thereafter until a decision is made.
- 1.8. The referral process [Steps 1.6, 1.7] continues until an RTF provider admits a Member to their program.
  - 1.8.1. The maximum duration of the referral process is sixty (60) calendar days from the medical necessity decision date. If additional time is needed, a new psychiatric evaluation, ISPT, and valid request is required.

- 1.9. On the date of admission, the accepting RTF provider will notify PerformCare at which time an authorization will be generated for a maximum of ninety (90) days.
- 1.10. Monthly team meetings are required once services are initiated and the PerformCare CCM is required to be invited to all monthly RTF meetings.
2. Re-authorization Requests:
  - 2.1. For continuation of RTF, a Member must receive a new psychiatric evaluation from an ORP-enrolled, licensed psychiatrist. (Note: non-JACHO RTF may submit psychological evaluations from an ORP-enrolled, licensed prescriber for re-authorization requests).
  - 2.2. The RTF provider will update the Member's treatment plan and a new ISPT meeting is required.
  - 2.3. The current treating provider is responsible for submitting a complete re-authorization request to PerformCare within thirty (30) calendar days prior to the end of the current authorization period to prevent an expired authorization.
    - 2.3.1. The complete request must include:
      - 2.3.1.1. Child/Adolescent Services Request Submission Sheet.
      - 2.3.1.2. Psychiatric Evaluation or psychological evaluations (non-JACHO RTF only).
        - 2.3.1.2.1. Evaluation should have been completed within 30 calendar days of request submission.
      - 2.3.1.3. Updated Treatment Plan. (within 30 days)
      - 2.3.1.4. ISPT Sign-In sheet.
      - 2.3.1.5. ISPT Summary (completed within 30 calendar days of request submission).
    - 2.4. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
    - 2.5. A new authorization will be generated if continued services are approved as prescribed in the psychiatric evaluation (maximum 90 days). The new authorization will begin the day after the current authorization ends.
  3. Discharge Process:
    - 3.1. Within (45) calendar days prior to the date of discharge, a pre-discharge planning treatment team meeting is required, and all members of the treatment team are required to be invited.
    - 3.2. A pre-discharge planning meeting is required for all unplanned discharges prior to formal notification of actual discharge from RTF. No immediate discharge should occur until a pre-discharge planning meeting is held to

discuss reasons for discharge, aftercare services and discharge resources. This includes cases with CYS/JPO involvement or if Member is in Mental Health or Physical Health Inpatient. PerformCare Clinical Care Manager and Parent/Guardian are required to participate in discharge planning meeting.

- 3.3. The RTF provider calls and notifies the PerformCare CCM on the date of discharge.
- 3.4. Within (45) calendar days after the date of discharge, the current treating provider must submit a discharge summary/plan and a Child/Adolescent Services Request Submission Sheet to PerformCare, and a copy provided to Member/Parent/Guardian and other team members.

**Related Policies:** *CM-013 Approval/Denial Process and Notification*  
*QI-044 Grievance Policy*

**Related Reports:** None

**Source Documents  
and References:**

*Chapter 3800 & 5310 Residential Treatment Facilities.*  
*OMHSAS Policy Clarification, #08-09, Date of Receipt 10/20/08.*  
*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.*

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

**Attachments:** [Attachment 1 PerformCare Child/Adolescent Services Request Submission Sheet](#)  
[Attachment 2 PerformCare ISPT Sign-In Form](#)  
[Attachment 3 PerformCare ISPT Summary](#)  
[Attachment 4 PerformCare Proposed Treatment Plan for Initial Services](#)  
[Attachment 5 PerformCare CRR-RTF Provider Referral Response Form](#)

Approved by:

A handwritten signature in cursive script, appearing to read "Jack P. 37".

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Primary Stakeholder