

PerformCARE®		Policy and Procedure
Name of Policy:	Children’s Service Team Meeting and ISPT planning	
Policy Number:	CM-CAS-056	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	Provider Network Operations	
Applies to:	Providers	
Original Effective Date:	03/01/22	
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OMHSAS Approval Date:	N/A	
Next Review Date:	01/01/25	

Policy: PerformCare supports the use of team meetings and ISPT meeting as integral to planning for children’s services.

Purpose: To explain PerformCare expectations and requirements for team meeting and ISPT meeting planning.

Definitions: **CRR-HH:** Community Residential Rehabilitation – Host Home is a mental health treatment provided in a family dwelling for Members whose behavioral health needs prevent them from being treated in the home setting; however, they can benefit from treatment in a natural home setting within the community.

CRR-HH - ITP: Community Residential Rehabilitation – Host Home - Intensive Treatment Program is a short-term mental health treatment that includes evidence-based treatment and is designed to serve a Member in a family like setting. A Member residing in ITP typically has severe emotional and behavioral health needs that prevent effective treatment from occurring within the home; however, the Member is likely to benefit from treatment in a natural home like setting within the community. Note: Applies to Capital Counties only.

IBHS: Intensive Behavioral Health Services, which are an array of therapeutic interventions provided to a child, youth, or young adult in the home, school, or other community setting.

ISPT: The Interagency Service Planning Team is comprised of the child/adolescent Member, family or legal guardian, significant community support persons, treating professionals, school personnel, CASSP, County Children’s Mental Health 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 but not limited to Children, Youth and Families, Juvenile Probation, and county case management

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.

Social Determinants of Health: Social determinants of health (SDoH) are the economic and social conditions that affect health. They include the environment in which people are born, grow, live, work and age, and are shaped by wealth distribution, power and resources at global, national and local levels. SDoH may include housing instability/homelessness, food insecurity, transportation, utility needs, employment and income, family and social supports, as well as interpersonal violence.

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
ID: Intellectual Disability
FBMHS: Family-Based Mental Health Services
TCM: Targeted Case Manager

- Procedure:**
1. PerformCare requires ISPT meetings as part of prior authorization for RTF/CRR-HH/CRR -ITP, as well as FBMHS concurrently with IBHS. Refer to authorization processes in related policies section of this policy.
 2. IBHS regulations do not require ISPT meeting as part of the authorization process. However, PerformCare supports the use of team meetings in children's service as an integral part of interagency collaboration with Members/Families/Guardians.
 - 2.1. PerformCare requires team meetings for the following:
 - 2.1.1. Pre-discharge planning.
 - 2.1.2. Discrepancy between IBHS Written Order/BPE and IBHS assessment regarding the number of hours and/or services to be delivered.
 - 2.1.3. Every 30 days throughout the course of treatment for RTF, CRR-HH, CRR-ITP and FBMHS.
 - 2.2. The Member/Family/Guardian, PerformCare CCM, or other team members may request team meetings at any time.
 - 2.3. A request for a team meeting may be needed in the following situations (but not limited to).
 - 2.3.1. Lack of treatment progress.
 - 2.3.2. Barriers to discharge.
 - 2.3.3. Disagreement between team members.
 - 2.3.4. Changes to Individual Treatment Plan.
 - 2.3.5. Unplanned discharges.

- 2.3.6. Complex cases with multiple diagnoses and/or a complicated clinical presentation.
- 2.3.7. Physical health problems that are affecting behavioral health outcomes (Note: Physical Health Managed Care and/or physical health providers are required to be invited to team meetings as indicated).
- 2.3.8. The presences of SDoH that are affecting behavioral health outcomes or barriers to obtaining additional resources to assist with SDoH.
- 2.4. PerformCare requires that the treating provider coordinate, schedule and facilitate team meetings when a meeting is requested. All team members are required to be invited.
- 3. Required discussion topics for CRR-HH/CRR-ITP/RTF ISPT and team meetings:
 - 3.1. Goals and treatment progress, that focus on the high-risk behaviors that resulted in the Member receiving treatment in a CRR-HH/CRR-ITP/RTF, barriers to progress and plan to address barriers.
 - 3.2. Frequency of Parents/Guardians participation in all scheduled family therapy sessions, as clinically indicated, barriers, and plan to address barriers to participation.
 - 3.3. Frequency of Siblings participation in family therapy sessions as it relates to Member relationship with siblings, and as clinically appropriate and barriers and plan to address barriers to participation.
 - 3.4. Frequency of Therapeutic Leaves (TLs) which are part of treatment/discharge planning in CRR-HH/ CRR-ITP and RTF. TLs are required and should begin within the first or second week after admission and should continue consistently throughout the duration of the admission. Any barriers to TL plan to address barriers to participation.
 - 3.5. The length of stay in CRR-HH/CRR -ITP/RTF, discharge plan, barriers to discharge and plan to address barriers. Active discharge planning begins at admission and should be discussed at every treatment team meeting while the Member is in treatment to ensure aftercare plans and educational placements are secured prior to discharge. Team should also work to increase community and natural supports for Member and family.
 - 3.6. Use of restraints, assurance other interventions attempted prior to restraint, triggers, need for restraint reduction protocols in treatment and revision to treatment plan.
- 4. ISPT/Team meetings are an important component of effective treatment. The following guidelines should be taken into consideration:
 - 4.1. The facilitator should brief the Member/Family/Guardian in advance of the meeting regarding the purpose of the meeting.

- 4.2. Introductions by all participants should occur, including the relationship to the Member.
- 4.3. The facilitator should make an introductory statement regarding the purpose of the meeting and include what services the Member is currently receiving.
- 4.4. The facilitator should maintain the focus and objective of the meeting, as well as summarize the meeting outcome.
- 4.5. The Member/Family/Guardian, targeted case manager, existing providers, and other involved service systems should give input in the discussion about Member strengths and needs.
- 4.6. Treatment goals, progress, barriers to progress, discharge plan and proposed discharge date are identified collaboratively with the Member.
- 4.7. The facilitator should discuss the recommendations for service and explain the continuum of services.
- 4.8. The facilitator should explain the concept of least restrictive/least intrusive interventions and explore alternate levels of care.
- 4.9. Discussion regarding Provider Choice should occur, as well as an explanation of the authorization process, and next steps after a service is approved.
- 4.10. The ISPT/Team Meeting Summary and Signature Sheet should be reviewed and signed by all participants.
5. Discuss ISPT/Team consensus or disagreement with the plan and document accordingly on the ISPT summary sheet. Complete the disagreement form if applicable. All team members are required to agree or disagree with recommendations, with the exception of the PerformCare Care Manager who is involved in medical necessity determination. Additional discussion items for meetings:
 - 5.1. Primary concerns/current presenting problems.
 - 5.2. Identify services provided over the past authorization period and level of effectiveness, as well as barriers to progress if applicable.
 - 5.3. Review of current diagnoses and any current medication(s), medication issues, and treating physician information.
 - 5.4. Reports of progress or lack of progress from each discipline represented, as well as the Member/Family/Guardian, including school reports, if applicable.
 - 5.5. Review of current educational placement and Member functioning within this setting.
 - 5.6. Review of current treatment plan with supporting data, if applicable.
 - 5.7. Modify goals, target dates, and interventions on treatment plan.
 - 5.8. The presences of SDoH that are affecting behavioral health outcomes or barriers to obtaining additional resources to assist with SDoH.
 - 5.9. Assure discharge planning is discussed, including proposed discharge date.

5.10. Obtain input from Member/Family/Guardian, through focused discussion regarding Member strengths and opportunities in achieving personal recovery.

5.11. Discuss next steps in process, as well as date/time for next meeting if applicable.

Related Policies: *CM-CAS-040 Discharge planning FBMHS*
CM-CAS-042 Initial and Re-auth IBHS (BC-MT-BHT ABA)
CM-CAS-043 Initial and Re-auth IBHS (Group-EBP-Other Individual)
CM-CAS-051 Procedure for Prior Authorization for Family Based Mental Health Services (FBMHS)
CM-CAS-052 FBMHS Provided Concurrently with IBHS
CM-CAS-053 CRR-HH Initial and Re-authorization Process
CM-CAS-054 RTF Initial and Re-authorization Process

Related Reports: None

Source Documents and References: None

Superseded Policies and/or Procedures: *CM-CAS-010 Interagency Service Planning Teams-CRR-HH and RTF*

Attachments: [Attachment 1 PerformCare Child/Adolescent Services Request Submission Sheet](#)
[Attachment 2 PerformCare ISPT Sign-In Form](#)
[Attachment 3 PerformCare ISPT Summary](#)

Approved by:



Primary Stakeholder