

PerformCARE®		Policy and Procedure
Name of Policy:	Monitoring Plan for Service Transitions	
Policy Number:	QI-006	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Quality Improvement Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/01/01	
Last Revision Date:	08/02/18	
Last Review Date:	09/16/19	
Next Review Date:	09/01/20	

Policy: PerformCare endeavors to provide all Members entering or exiting the PerformCare program with continuity of care, as described in the Transition Plan by monitoring the activities associated with that plan to ensure compliance with DHS regulations, county requirements, and our own internal policies. PerformCare and Primary Contractors are committed to working cooperatively to proactively identify and correct any problems associated with transition of services for Members.

Purpose: To ensure that the PerformCare Transition Plan and associated Policies and Procedures are implemented effectively for Members who relocate outside of the PerformCare nine-county region, lose their eligibility for Medical Assistance, or whose treatment provider is terminated from the PerformCare network.

Definitions: **Department of Human Services:** The Pennsylvania Department of Human Services.

Medical Necessity Criteria: Defined by level of care / service in accordance with the *Commonwealth of Pennsylvania Department Of Human Services, HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendices S and T.*

Transition Plan: A PerformCare plan developed in collaboration with the Member to assist with the transition from one service to another service or one provider to another provider.

Acronyms: **CCM:** Clinical Care Manager
DHS: Department of Human Services
MNC: Medical Necessity Criteria
MSS: Member Services Staff

- Procedure:**
1. PerformCare Members, through the help of CCMs and MSSs, have continual access to PerformCare for service questions and assistance.
 2. There are also instances when Members require transition of services due to the termination of the current provider from the PerformCare network. Termination may be either voluntary termination of contract or closure of service by the provider, or the result of PerformCare Credentialing Committee action.
 - 2.1. Voluntary Termination of Contract or Closure of Service by the Provider:
 - 2.1.1. Members affected by the termination of a behavioral health practitioner or practice will be notified in writing by PerformCare at least 30 calendar days prior to the effective termination date. The written notification will outline steps to help Members select a new practitioner or practice site. For instances where PerformCare is not given 30 days' notice, PerformCare will still provide written notification as soon as possible and assist in expediting services to Members with a different provider.
 - 2.1.2. To provide the required written notification, reports on affected Members are derived from claims data and/or from the practice site's records.
 - 2.1.3. Clinical Care Managers assigned to Members will ensure that the Member's continuation of treatment is provided. The assigned Care Manager or designee is responsible for assisting in locating new providers or practitioners within geographic access standards who are qualified to provide the same level and modality of treatment to the Member as was being rendered by the previous provider.
 - 2.2. Termination as a Result of PerformCare Credentialing Committee Action:
 - 2.2.1. Members affected by the termination of a behavioral health practitioner or practice will be notified in writing by PerformCare within 15 calendar days after the Credentialing Committee has made the decision to terminate the Provider. The written notification will outline steps to help Members select a new practitioner or practice site and PerformCare will assist in expediting services to Members with a different provider.

- 2.2.2. To provide the required written notification, reports on affected Members are derived from claims data and/or from the practice site's records.
- 2.2.3. Clinical Care Managers assigned to Members will ensure that the Member's continuation of treatment is provided. The assigned Care Manager or designee is responsible for assisting in locating new providers or practitioners within geographic access standards who are qualified to provide the same level and modality of treatment to the Member as was being rendered by the previous provider.
- 2.3. Continuation of treatment (authorization and payment when MNC is met) will occur through the lesser of the current period of active treatment, or for up to 90 calendar days for Members undergoing active treatment for a chronic or acute behavioral health condition unless Member safety is jeopardized. If the continuation of treatment is approved, the practitioner must agree to:
 - 2.3.1. Continue the Member's treatment for an appropriate period of time based on transition plan goals.
 - 2.3.2. Share information regarding the treatment plan with PerformCare.
 - 2.3.3. Continue to follow PerformCare Utilization Management (UM) policies and procedures.
 - 2.3.4. Not charge the Member co-payments as they are not allowable under HealthChoices and cannot be instituted.

Related Policies: *CM-011 Clinical Care Management Decision Making*
QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers

Related Reports: None


Source Documents

and References: *Commonwealth of Pennsylvania Department Of Human Services, HealthChoices Behavioral Health Program, Program Standards and Requirements: Appendix S Medical Necessity Guidelines for Applied Behavioral Analysis Using Behavioral Specialist Consultant-Autism Spectrum Disorder and Therapeutic Staff Support Services for Children and Adolescents with Autism Spectrum Disorder) Appendix T HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria*

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

Attachments: None

Approved by:



Primary Stakeholder