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| PerformCARE <sup>®</sup>        |                                                                                                                                         | Policy and Procedure |
| <b>Name of Policy:</b>          | Authorization Requirements for CRR-HH and CRR-HH-ITP                                                                                    |                      |
| <b>Policy Number:</b>           | CM-CAS-053                                                                                                                              |                      |
| <b>Contracts:</b>               | <input checked="" type="checkbox"/> All counties<br><input type="checkbox"/> Capital Area<br><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>      | 04/11/25                                                                                                                                |                      |
| <b>Last Review Date:</b>        | 04/11/25                                                                                                                                |                      |
| <b>OMHSAS Approval Date:</b>    | 01/25/24                                                                                                                                |                      |
| <b>Next Review Date:</b>        | 04/01/26                                                                                                                                |                      |

**Policy:** Establishes protocols for the initial and re-authorization of Community Residential Rehabilitation - Host Home (CRR-HH) and Community Residential Rehabilitation – Host Home - Intensive Treatment Program (CRR-HH-ITP).

**Purpose:** To assure that network providers meet requirements for requesting initial and re-authorization of Community Residential Rehabilitation - Host Home and Community Residential Rehabilitation – Host Home - Intensive Treatment Program.

**Definitions:** **CRR-HH:** Community Residential Rehabilitation – Host Home is a mental health treatment provided in a family dwelling for Members whose behavioral health needs prevents treatment within the current 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 receiving treatment in CRR-HH-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: CRR-HH-ITP applies to Capital Counties only.

**ISPT:** The Interagency Service Planning Team is comprised of the child/adolescent Member, parent 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. This includes, but is not limited to, Children, Youth and Families, Juvenile Probation, and county case management.

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

**Acronyms:** **BPE:** Best Practice Evaluation  
**CCM:** Clinical Care Manager  
**CYS:** Children and Youth Services  
**JPO:** Juvenile Probation Office  
**ORP:** Ordering, Referring, Prescribing  
**TCM:** Targeted Case Manager

- Procedure:**
1. Initial Requests for CRR-HH or CRR-HH-ITP:
    - 1.1. PerformCare will follow *OMHSAS-21-04 Bulletin Procedure for Providing a Specialized Behavioral Health Treatment Program in Community Residential Rehabilitation Host Home Settings*. Below are the requirements for CRR-HH and CRR-HH-ITP:
      - 1.1.1. Member is under the age of 18.
        - 1.1.1.1. Note: 5310.11 waiver is not needed for a Member that turns 18 after admission to CRR-HH or CRR-HH-ITP. The Member is required to be discharged prior to age 21.
      - 1.1.2. Member cannot be an emancipated minor.
      - 1.1.3. Has a behavioral health disorder diagnosis that is included in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
      - 1.1.4. Has a psychological or psychiatric evaluation by an ORP-enrolled prescriber completed within 60 days of the submission of the request (PerformCare requires a BPE for a psychological evaluation). The evaluation must substantiate the need for the Member to receive a specialized behavioral health treatment program in the host home setting and include an assessment of Member strengths and needs across home, community and, if applicable, school settings.
      - 1.1.5. An individual treatment plan which includes the services and supports that will be provided as part of the specialized behavioral health treatment program and the measurable goals for the Member.

- 1.1.6. Documentation of an ISPT/treatment team meeting that was held within 60 days of the submission of the request.
  - 1.1.7. A summary of all services and supports the Member receives.
  - 1.1.8. The prescriber is required to follow ORP enrollment guidelines.
- 1.2. The BPE or psychiatric evaluation must be submitted to PerformCare within ten (10) calendar days of completion.
- 1.3. Within two (2) business days of receiving a CRR-HH or CRR-HH-ITP recommendation, PerformCare will begin to schedule an ISPT meeting at a date and time most convenient for the Member/Parent/Guardian. The PerformCare CCM will facilitate this meeting.
  - 1.3.1. The ISPT meeting must include the PerformCare Care Manager, County Mental Health designee, the provider, the Parent/Guardian of the Member, the Member if 14 or older and, if appropriate, the Member (if under 14). Participation or input from the school and any other systems involved with the Member/Parent (TCM, CYS, JPO, ID), including community and natural supports is encouraged.
  - 1.3.2. If the Member has an active TCM that individual is responsible for scheduling and facilitating the ISPT meeting for initial CRR-HH.
    - 1.3.2.1. Note: TCM is required to invite the PerformCare CCM and CCM participation in initial ISPT is required.
- 1.4. Following the ISPT meeting, a valid request will be submitted within (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 will facilitate the ISPT meeting and complete 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. BPE or psychiatric evaluation completed within 60 calendar days of request submission.
    - 1.4.3.3. ISPT Sign-In Form.
    - 1.4.3.4. ISPT Summary Form completed within 60 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 (or the TCM, if applicable), with feedback from the Member/Parent/Guardian concerning provider choice, will send referrals to CRR-HH and/or CRR-HH-ITP providers based on Provider discussions in ISPT Meeting.
  - 1.6.1. If the Member has an active TCM, that individual is responsible for sending referrals to all clinically appropriate CRR-HH providers.
  - 1.6.2. CRR-ITP and out-of-network CRR-HH referrals are the sole responsibility of PerformCare.
- 1.7. Once received, CRR-HH/CRR-HH-ITP 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. The Provider is required to submit responses via a CRR-RTF Provider Referral Response Form within the seven (7) calendar days. Any delays in completing a referral review, including reasons, should be communicated to PerformCare.
  - 1.7.1. If declining the referral, the provider is responsible for notifying PerformCare (or the TCM, if applicable) via the CRR-RTF Provider Referral Response Form 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) via the CRR-RTF Provider Referral Response Form 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 CRR-HH/CRR-HH-ITP provider should contact PerformCare (or 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 a provider admits a Member to CRR-HH/CRR-HH-ITP.
  - 1.8.1. The maximum duration of the referral process is four (4) months from the BPE/psychiatric evaluation date. If additional time is needed, a new BPE/psychiatric evaluation, ISPT, and valid request is required.

- 1.9. On the date of admission, the accepting CRR-HH/CRR-HH-ITP provider will notify PerformCare at which time an authorization will be generated from the date of admission as follows.
  - 1.9.1. Initial CRR-HH = maximum of 4-months.
  - 1.9.2. Initial CRR-HH-ITP = maximum of 6-months.
- 1.10. Monthly team meetings are required once services are initiated, and the PerformCare CCM is required to be invited to all monthly CRR-HH/CRR-HH-ITP meetings.
2. Re-authorization Requests for CRR-HH or CRR-HH ITP:
  - 2.1. For continuation of CRR-HH or CRR-HH-ITP, a Member must receive a new BPE from an ORP-enrolled prescriber and follow requirements under 1.1.
    - 2.1.1. Note: CRR-HH-ITP is a short term and time limited program and therefore is permitted to submit only one re-authorization request following an initial approval and admission per approved service description requirements. PerformCare will consider exceptions on a case-by-case basis in collaboration with the treatment team per the unique needs of a Member that may need additional time in the CRR-ITP.
  - 2.2. The current treating provider will update the Member's treatment plan.
  - 2.3. An updated ISPT meeting is also required.
  - 2.4. The current treating provider is responsible for submitting a valid re-authorization request to PerformCare within (60) calendar days prior to the end of the current authorization period to prevent an expired authorization.
    - 2.4.1. The valid request must include:
      - 2.4.1.1. PerformCare Child/Adolescent Services Request Submission Sheet.
      - 2.4.1.2. BPE or psychiatric evaluation completed within 60 calendar days of request submission.
      - 2.4.1.3. ISPT Sign-In sheet.
      - 2.4.1.4. ISPT Summary (required) completed within calendar 60 days of request submission.
      - 2.4.1.5. Updated Treatment Plan (within 30 days).
  - 2.5. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*. A new authorization will be generated if continued services are approved. Approved services will begin the day after the current authorization ends and will be generated as outlined below:
    - 2.5.1. CRR-HH = maximum of 4 months.

- 2.5.2. CRR-HH-ITP = maximum of 3 months (one time only).
3. Discharge Process for CRR-HH or CRR-HH ITP:
- 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 CRR-HH or CRR-HH-ITP. No immediate discharge should occur until a pre-discharge planning meeting is held to discuss after care 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 CRR-HH or CRR-HH-ITP 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, and a Child/Adolescent Services Request Submission Sheet to PerformCare.
- 3.5. A copy of the discharge summary must be provided to the Member/Parent/Guardian and other team members.
4. All providers and prescribers are required to follow PerformCare's OMHSAS approved medical necessity guidelines per *Attachment 6* of this P&P.

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

**Related Reports:** None

**Source Documents**

**and References:** *Chapter 5310 Community Residential Rehabilitation Services for the Mentally Ill.*

*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.*

*OMHSAS-21-04 Bulletin Procedure for Providing a Specialized Behavioral Health Treatment Program in Community Residential Rehabilitation Host Home Settings.*

*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 Requests](#)  
[Attachment 5 PerformCare CRR-RTF Provider Referral Response Form](#)  
*Attachment 6 PerformCare OMHSAS Approved Community Residential Rehabilitation Host Home Medical Necessity Guidelines*

Approved by:



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Primary Stakeholder

## **PerformCare Medical Necessity Guidelines for Community Residential Rehabilitation-Host Home**

This document was developed with input from various stakeholders (e.g., PerformCare Executive Management; Network Evaluators; Primary Contractors; County Representatives; PerformCare Provider Advisory Council). The objective is to provide critical information regarding Medical Necessity Guidelines (MNG) and outline admission and continued care criterion, as well as discharge indicators for treatment occurring within a Community Residential Rehabilitation–Host Home (CRR-HH).

CRR-HH is a type of mental health treatment that is provided in a family like setting and is most appropriate for Members whose behavioral health needs prevent effective treatment from occurring within the family home or current living arrangement (e.g., guardian). Although the family home may not be conducive to treatment efforts, the Member can likely benefit from treatment within the community. Treatment is usually provided utilizing various therapeutic modalities (e.g., individual therapy; family therapy; behavioral reinforcement; environmental interventions) and can also include evidence based treatments.

Treatment occurring within a CRR-HH relies heavily on participation from the Member and parent/guardian/discharge resource as they are integral and important members of the treatment team. Member specific needs are identified and clearly defined, ongoing assessment of Member functional abilities occur, and effective interventions are developed. Included in this is the teaching of interventions and skills to the Member and parent/guardian/discharge resource in order to allow for continued skill development upon discharge from CRR-HH.



## Admission Guidelines for CRR-HH

### Must meet ALL of the following:

1. Member is under the age of 18 and is not an emancipated minor; and,
2. Member must have a diagnosis of a serious behavioral health disorder that is included in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD); and,
  - a. Intellectual Disability or Substance Use Disorder cannot be primary or standalone diagnoses.
    - i. Member should be able to meaningfully participate in therapy.
3. A Best Practice Evaluation (BPE) or a psychiatric evaluation has been completed and recommends this level of treatment; and,
  - a. The strengths based BPE must clearly document and specify the significant clinical need, behaviors, and symptoms that require 24-hour supervision and treatment outside of the home.
  - b. The BPE must detail level of functioning in the home, describe Member functioning in other realms (e.g., community; adaptive; behavioral; school; social) and provide a cohesive rationale as to why treatment cannot occur within the family home or current living arrangement (e.g., guardian).
  - c. Other types of treatment such as FBMHS, IBHS, or evidence based treatments are either not appropriate for the clinical presentation or have not demonstrated appreciable treatment gains that would allow the Member to benefit from treatment within the home.
4. There is an identified discharge resource; and,
  - a. Discharge resource must agree to meaningfully and collaboratively participate in treatment, treatment planning, therapeutic interventions, and discharge planning, as defined within the Individual Treatment Plan (ITP) and the CRR-HH service description.
  - b. Should the Member be in the custody of Children and Youth Services (CYS) the treatment goal for this service should be clearly defined within relevant documents, such as the ITP.
5. Member behaviors are of such significance that there is a negative impact on family relationships and dynamics, and behaviors interrupt the ability to maximize Member and family functioning; and,
6. Although the intensity of the behaviors are not able to be managed in the current home setting, the Member can function safely within the community, even if behavioral support is needed; and,
7. The behaviors and/or symptoms reported are likely to persist without this level of treatment; and,
8. The behavioral health needs of the Member do not require a more intensive type of treatment; and,
9. Member is not an imminent risk to self or others, or if a lesser degree of risk is present a proactive safety plan has been developed.

10. The Member and parent/guardian/discharge resource are involved in the treatment planning process and agreeable to participate in CRR Host Home treatment;

## **Continued Care Guidelines for CRR-HH**

### **Must meet ALL of the following:**

1. Member is under the age of 18 and is not an emancipated minor; and,
2. Continued diagnosis of a serious behavioral health disorder that is included in the most current version of the DSM or ICD; and,
  - a. Intellectual Disability or Substance Use Disorder cannot be primary or standalone diagnoses.
    - i. Member should be able to meaningfully participate in therapy.
3. A BPE or a psychiatric evaluation has been completed and recommends this level of treatment; and,
  - a. The strengths based BPE clearly documents and specifies the significant clinical need, behaviors, and symptoms that persist and continue to require 24-hour supervision and treatment outside of the home.
  - b. The BPE must describe Member functioning in various realms, including in the CRR-HH, and provide a cohesive rationale as to why treatment within the family home/discharge resource is contraindicated.
  - c. The BPE should review treatment efforts within the CRR-HH noting effective interventions, identified barriers to treatment that necessitate continued care, plans to address these barriers, and status of the transfer of skills to parent/guardian/discharge resource.
  - d. Another type of treatment such as FBMHS, IBHS, or an evidence based treatment cannot meet the need of the Member within the family home/discharge resource.
4. There is an identified discharge resource; and,
  - a. Discharge resource must meaningfully and collaboratively participate in treatment, treatment planning, therapeutic interventions, and discharge planning, as defined within the ITP and the CRR-HH service description.
  - b. Should the Member be in the custody of CYS the treatment goal for this service should be clearly defined within relevant documents, such as the ITP.
  - c. The CRR-HH documents at least weekly efforts to engage the parent/guardian/discharge resource in the treatment process.
5. Although the need for skill development in various functional areas remains, the Member has shown progress in identified treatment goal areas and/or there is a clinical determination that the Member would continue to substantially benefit from treatment in the CRR-HH, and behaviors would persist or worsen without CRR-HH treatment; and,
  - a. The treatment team has identified new or high risk behaviors or symptoms during the course of treatment within the CRR-HH that can only be treated in CRR-HH.

- b. Behaviors continue at a significant level and cannot be effectively treated in the family home/discharge resource at this time.
  - c. Parent/guardian/discharge resource remains involved in Member treatment and discharge planning.
- 6. The Member remains able to function safely within the community, even if behavioral support is needed; and,
- 7. There is a viable discharge plan and target discharge date that is reviewed and revised, as needed, but on a regular basis, and these discharge discussions are documented; and,
- 8. The behavioral health needs of the Member do not require a more intensive type of treatment; and,
- 9. Member is not an imminent risk to self or others, or if a lesser degree of risk is present a proactive safety plan has been developed.
- 10. The Member and parent/guardian/discharge resource are involved in the treatment planning process and agreeable to participate in CRR Host Home treatment;

## **Discharge Indicators for CRR-HH**

- 1. The Member no longer needs the CRR-HH level of care due to:
  - a. Member has made treatment progress and continued care criteria are no longer met; or,
  - b. The Member requires a more restrictive type of treatment due to continued or worsening behavioral health needs; or,
  - c. There is a sustained and prolonged lack of progress that has been addressed by the treatment team (e.g., a variety of wide-ranging and different types of therapeutic modalities has been attempted; treatment team meetings to address/resolve identified areas of concern have occurred; several types of treatment have been tried; etc.), there is no reasonable expectation that the Member would benefit from remaining within the CRR-HH, and other types of treatment that may better meet Member need are being pursued.