

Name of Policy:	Children's Service Provider Transfer Process
Policy Number:	CM-CAS-057
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
Last Revision Date:	03/01/22
Last Review Date:	01/25/24
OMHSAS Approval Date:	N/A
Next Review Date:	01/01/25

Policy: Establishes protocols for providers when a transfer to another service provider within the same level of care is requested.

Purpose: To ensure that children's service providers, specifically those who provide IBHS (Individual, Group, or ABA), CRR- HH, CRR-ITP, FBMHS, and RTF understand the requirements of transferring a family to another provider.

Definitions: **ABA:** Applied Behavior Analysis, which is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function by including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

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

Individual IBHS: Intensive therapeutic interventions and supports that are used to reduce and manage identified therapeutic needs, increase coping strategies and support skill development to promote positive behaviors with the goal of stabilizing, maintaining or maximizing functioning of a child, youth or young adult in the home, school or other community setting.

Group IBHS: Therapeutic interventions provided primarily in a group format through psychotherapy; structured activities, including ABA services; and community integration activities that address a child, youth or young adults identified treatment needs.

Acronyms: **ASP:** After School Program
BC: Behavior Consultation
BHT: Behavioral Health Technician
CCM: Clinical Care Manager
CRR - HH: Community Residential Rehabilitation Host Home
CRR – HH - ITP: Community Residential Rehabilitation Host Home Intensive Treatment Program
FBMHS: Family Based Mental Health Services
MST: Multisystemic Therapy
MT: Mobile Therapy
RTF: Residential Treatment Facility
STAP: Summer Therapeutic Activities Program
Assistant BC-ABA: Assistant Behavior Consultation - ABA
BA: Behavior Analytic
BC-ABA: Behavior Consultation – ABA
BHT: Behavioral Health Technician
BHT-ABA: Behavioral Health Technician - ABA
BPE: Best Practice Evaluation
ITP: Individual Treatment Plan

- Procedure:**
1. A provider-to-provider transfer for members currently in treatment will occur for children’s services as follows:
 - 1.1. Once a provider transfer is indicated (by a Member/Family/Guardian, provider, or PerformCare), a treatment team meeting is required to review the reasons identified leading to the transfer request and to determine if transfer is in the best clinical interest of Member.
 - 1.1.1. The current provider must contact the PerformCare CCM to provide information regarding the transfer request and invite the CCM to the treatment team meeting.
 - 1.1.2. Only transfers initiated between providers of the same level of care are acceptable (i.e., FBMHS to FBMHS, etc.).
 - 1.1.2.1. Note: An IBHS – ABA provider cannot transfer service authorization(s) to a non-ABA IBHS provider, or vice versa.
 - 1.2. Upon treatment team agreement, the current treating provider will offer the Member/Family/Guardian provider choice options.
 - 1.3. The current treating provider will continue to offer services and remain involved with the Member/Family/Guardian until the transfer process is complete.
 - 1.4. The current treating provider will make referrals to new providers to determine the ability to accept the Member.
 - 1.4.1. The transferring provider will coordinate with the current provider on a transfer date to assure continuity of care and no disruption of service. The current provider should contact

- PerformCare Care Manager or schedule a team meeting if transfer difficulties are indicated.
- 1.5. Once an accepting provider is identified, the current treating provider will obtain authorization to disclose private health records to the accepting provider.
 - 1.5.1. Records should include the most recent service request and any or all of the following:
 - 1.5.1.1. Written Order/Best Practice Evaluation.
 - 1.5.1.2. Individual Treatment Plan.
 - 1.5.1.3. IBHS Assessment, if applicable.
 - 1.5.1.4. ISPT Summary/Sign in (CRR- HH/CRR-ITP/RTF only).
 - 1.5.1.5. PerformCare Authorization letter.
 - 1.6. The current treating provider will complete the Current Provider Information section of the *PerformCare Child/Adolescent Services Transfer Form* and send to the accepting provider.
 - 1.7. The accepting provider will complete the New Provider Information section of the *PerformCare Child/Adolescent Services Transfer Form* and submit electronically to PerformCare within four (4) business days of receiving the transfer form.
 - 1.8. Upon receipt of the *PerformCare Child/Adolescent Services Transfer Form*, PerformCare staff will generate authorizations to the accepting provider within two (2) business days.
 - 1.8.1. Authorizations will begin the date requested on the *PerformCare Child/Adolescent Services Transfer Form* and end the date of the transferring provider's original authorization.

Related Policies: *CM-CAS-042 Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) – BC/MT/BHT & ABA Services*
CM-CAS-043 Initial & Re-Authorization Requirements for Intensive Behavioral Health Services (IBHS) – Group/Evidenced-Based Therapy/Other Individual Services
CM-CAS-053 Initial & Re-Authorization requirements for Community Residential Rehabilitation Host Home (CRR-HH) and Community Residential Rehabilitation – Host Home Intensive Treatment Program
CM-CAS-054 Initial & Re-Authorization requirements for Residential Treatment Facility (RTF)
CAM-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: *CM-CAS-034 Family Based Mental Health (FBMHS) Provider Transfer Process*

Attachments: [Attachment 1 PerformCare Child/Adolescent Services Request Submission Sheet](#)
[Attachment 2 PerformCare Child/Adolescent Services Transfer Form](#)

Approved by:



Primary Stakeholder