

ATTACHMENT 2

CASE MANAGEMENT AND INTERAGENCY PLANNING TEAM

PROCEDURES AND RESPONSIBILITIES

1. When the need for mental health services in a residential treatment facility for an individual child is identified, an interagency service planning team must be convened to collaboratively assess and plan services to address the identified needs. The agency or individual that identified the need for residential services is responsible for contacting the county Office of Mental Health (MH) or, if the child is in the custody of the county Children and Youth (C&Y) agency or Juvenile Probation Office (JPO), to enable the appropriate agency to convene the interagency team.
 - a. If the child is not in the custody of the county C&Y agency and/or JPO, the county office of MH, or other entity designated by that agency, is responsible for convening the interagency service planning team.
 - b. If the child is in the custody of a county C&Y agency and/or JPO, the C&Y agency or JPO must convene the interagency service planning team.
2. Team Membership
 - a. At a minimum, the interagency service planning team must include the child, a responsible family member, a representative of the county MH program and, if applicable, of the county C&Y agency or JPO, a representative of the responsible school district, and other agencies that are providing services to the child.
 - b. If the child is enrolled in a managed care program, a representative of the behavioral services entity must be identified and invited to participate in the interagency service planning team meeting, both when residential treatment services are first recommended and to participate in discharge planning.
 - c. When possible, the psychologist or psychiatrist who will be providing the evaluation should be a member of the interagency service planning team.
3. Responsibilities of the interagency service planning team include the following:
 - a. Designating a primary case manager whose responsibilities are enumerated in paragraph 4 below.

If the child is in the custody of a C&Y agency or JPO, the C&Y agency or JPO will assume primary case management responsibility unless exceptional circumstances exist in a particular case so that the interagency service planning team agrees that the responsibility should be delegated to another agency. In such an unusual case, the C&Y agency or JPO remains responsible for insuring that the child's service needs are met;
 - b. Convening at least every four months while the child remains in residential treatment, to review the need for continued services, to initiate new or additional services, and/or to review a recommendation to withdraw a service.
 - c. Developing a Plan of Care Summary (see Attachment 7), which lists services being provided or requested in all systems, responsible agencies or individuals, and funding sources for services.
 - d. Developing an interagency service plan which lists the diagnosis and functional impairment being addressed, measurable treatment goals and objectives to be achieved through residential services, treatment activities and methods, intensity and frequency of interventions, and discharge goals and plan.
 - e. Completion of the Community Based Mental Health Services Alternatives to Residential Mental Health Treatment Services (see Attachment 8).
 - f. In particularly complex situations, the interagency service planning team may refer the family to a CASSP interagency team.
4. The primary case manager is responsible for the following functions:
 - a. Insuring that the residential treatment program is appropriate for the child's treatment needs and that the treatment plan clearly identifies measurable behavior outcomes to be achieved by the child while in the residential treatment program;
 - b. Insuring that a current Outpatient Services Authorization Request (MA 97) form and required documentation of medical necessity are submitted to the Office of Medical Assistance Programs;
 - c. Insuring that a discharge plan is developed by the residential treatment program in collaboration with the

interagency service planning team;

- d. Reconvening the interagency service planning team at least 45 days prior to the end of the authorized service period to assess the child's need for continued placement;
 - e. If continued placement is recommended as medically necessary, insuring that a current MA 97 form and required documentation of medical necessity are submitted to the Office of Medical Assistance Programs no later than 30 days before the end of the previously authorized service period;
 - f. Monitoring the child's progress in achieving treatment goals;
 - g. Facilitating visits between the child and the parents (whenever possible) and as recommended by the treatment plan;
 - h. Maintaining a once a month face-to-face contact with the child.
5. For children who are in the custody of a county C&Y agency or JPO, the interagency service planning meetings may be the Family Service Plan and Placement Amendment meetings and review meetings required by 55 PA Code chapter 3130, if the requirements of that chapter are met.