Magellan Behavioral Health of Pennsylvania, Inc.
Attachment 8
Pennsylvania Department of Human Services

Community-Based Mental Health Services
Alternatives to Residential Mental Health

☐ Bucks County ☐ Cambria County ☐ Lehigh County ☐ Montgomery County ☐ Northampton County

Child and Adolescent Services System Program (CASSP) principles for services for children and adolescents in Pennsylvania guide the decision-making process regarding referral of children and adolescents with mental illness or severe emotional disturbance to residential services. Specifically, placement in residential treatment settings should be guided by the following:

a. The family setting should be the first focus for treatment for the child or adolescent. Out-of-home placement or hospitalization should be the last alternative, and

b. Communities should develop a rich array of services for children and their families so that alternatives to out-of-home placement are available, such as home-based services, parent support groups, day treatment programs, crisis centers, and respite care.

To assist the Department in its prior authorization process for medically necessary mental health residential services, please complete the following:

Date Form Completed: _____

1. Child's Name: _____ MA ID #: _____

   Date of Birth: _____ BSU #: _____

2. Have Family-Based Mental Health Services and/or Family Preservation Services been utilized?

   ☐ Yes ☐ No

   If no, why are these services not being used? _____

3. Was a comprehensive, non-residential mental health wraparound services plan developed?

   ☐ Yes ☐ No Describe the plan or the reason for not developing a plan.

4. Was a comprehensive, non-residential mental health wraparound services plan implemented?

   ☐ Yes ☐ No Why did this plan not meet the needs of the child?

5. List other community-based mental health services utilized in the previous 3 to 6 months to prevent an out-of-home placement, and explain why these efforts were unsuccessful.

6. Was an Interagency Service Planning Team held?

   ☐ Yes ☐ No If yes, on what date: _____

   If not, why not? _____

   a. Name the agencies that were present:

   b. Was the child (if age appropriate) and family representative included?

      ☐ Yes ☐ No If no, why not?

   c. If the child is enrolled in a managed care program, identify the managed care representative included in the team:

7. Does the Interagency Service Planning Team recommend approval of a residential placement?

   ☐ Yes ☐ No If no, why not?

8. What are the specific goals for the child in the residential placement? (Briefly describe progress and/or barriers toward achieving goals. Include family involvement.)

9. What is the expected length of stay? _____

   Briefly describe discharge plan: _____

10. What is the educational plan for this child/adolescent? Does the responsible school district recommend residential services? If no, why not?

_____

_____

_____

_____

11. Is the child in the custody of the Children & Youth Agency? ☐ Yes ☐ No
12. Is the child adjudicated delinquent? ☐ Yes ☐ No
13. Does the County MH/MR Administrator (or designee) recommend approval?

☐ Yes ☐ No If no, why not?

_____

_____

_____

_____

14. Please list the name, address and telephone number of the primary care manager assigned to support this child and family in their use of and access to the services on the Plan of Care Summary:

_____

_____

_____

_____

15. For re-authorization request, attach the discharge plan for the child.

Approved:

_____ _____

County MH/MR Administrator

County C & Y Director/Juvenile Probation Director (or designee) If Applicable

_____ _____

Name and Title (Print) Name and Title (Print)

_____

Anchor Provider Service Manager

_____

Name and Title (Print)