



PROVIDER ALERT

Alert#: 2007-06

Issued: August 2007

TO: All Residential Treatment Centers and PASS Group Homes

CC'ed TO: All DCF Area Office Area Directors

SUBJECT: RCT Program Match Notification Form – Required Effective: August 20th 2007

Dear Provider,

This ALERT is to inform you of a new required form, the RCT Program Match Notification Form, which must be completed by your facility after a child/youth has been matched to your RTC or GH for placement. Once the form is received by CT BHP, the information will be entered into the Member's electronic record and the CT BHP- Residential Care Team (RCT) database.

The collective goal is to streamline the process from the time the match is made to the time the child/youth is admitted to an RTC or GH. We each play a role in working together to ensure children/youth are admitted to the most appropriate out of home treatment setting in a timely and efficient manner. To this end, the below steps detail the referral process and include instructions for completing the RCT Program Match Notification Form which goes into effect **August 20th 2007**:

1. You will be notified immediately (same day) that a child/youth is matched to your facility. The RCT Program Match Notification Form will be faxed to you by CT BHP-RCT with the match information completed at the top of the form,
2. For DCF referrals,
 - a) the Area Office Social Worker (AOSW) will contact you within 2 business days (48 hrs) from the date you are notified of the match to schedule a pre-admission meeting at your agency,

Note: If you do not receive a call from the AOSW within 2 business days (48 hrs) from the date you are notified of the match, you should notify the AO Behavioral Health Program Director (see attached), as this will delay the youth from being placed at your program in a timely manner..

- b) the Area Office staff will fax to your program within 2 business days (48 hrs) from the date you are notified of the match all required pre-admission documents and paperwork,

Note: If you do not receive all required documents/paperwork from the appropriate Area Office staff, if applicable, within 2 business days (48 hrs) of receiving the RCT Program Match Notification Form from CT BHP, please notify the Area Office Behavioral Health Program Director, the Area Office Director via EMAIL(see attached),

and cc: Karl Kemper at karl.kemper@ct.gov and Peter Mendelson at peter.mendelson@ct.gov .

3. For Probation Officer referrals, the CSSD Liaisons will fax to your program within 2 business days (48 hrs) from the date you are notified of the match all required pre-admission documents and paperwork,

Note: If you do not receive all required documents/paperwork from the CSSD Liaisons within 2 business days (48 hrs) of receiving the RCT Program Match Notification Form from CT BHP, please notify Jason Crisco at Jason.Crisco@jud.ct.gov and Amy D'Amaddio at Amy.Damaddio@jud.ct.gov.

4. For Parole referrals, Dr. Mark Hagleston will fax to your program within 2 business days (48 hrs) from the date you are notified of the match all required pre-admission documents and paperwork,

Note: If you do not receive all required documents/paperwork from Dr. Hagleston within 2 business days (48 hrs) of receiving the RCT Program Match Notification Form from CT BHP, please notify him at Mark.Hagleston@ct.gov.

5. When you Accept the Match, you will fax the Match Notification Form to CT BHP-RCT with your acceptance decision, date of acceptance decision, date that referring party contacted facility and date of pre-placement meeting. You will then retain the Match Notification Form for re-faxing when the admission decision is made,

Note: You have up to seven (7) business days to make your decision for "Accepting Match" and to return the form via fax to CT BHP-RCT.

6. When you Accept the child for Admission, you will fax the Match Notification Form to CT BHP-RCT with the date of your decision to accept the child/youth for admission, the specific site to which the child/youth is being admitted and the target admission date.

Note: Fax the form to CT BHP-RCT on the date of decision for "Accepting Admit"

7. Not Accepting- If a child/youth is declined for a match or admission, you will fax the Match Notification Form to CT BHP-RCT on the date the decision was made to not accept the child/youth (as a match or admission). You will need to indicate on the form the reason for not accepting the child/youth. If the child/youth is not accepted, no additional referrals will be made to your program until the Match Notification Form has been completed and received by CT BHP-RCT.

Note: Fax the form to CT BHP-RCT on the date of decision for "Not Accepting"

Please also alert the Area Office Social Worker and the Behavioral Health Program Director via phone or e-mail the status of the referral and placement decisions.

The RCT Program Match Notification Form goes into effect August 20, 2007. We thank you in advance for your cooperation.

If you have any questions, please contact the CT BHP Call Center at 1-877-552-8247.

Provider Relations Department
Connecticut Behavioral Health Partnership

Encl: RCT Program Match Notification Form
DCF Area Office Directors Contact Information