



**Accessing Behavioral Health
Services for your Child:
The Interagency Service
Planning Team (ISPT)
Meeting**

Prepared by the
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Tips for Parents' Involvement in the Interagency Service Planning Team (ISPT) Meeting when a child is in Health Choices

What is the Purpose of the ISPT Meeting?



- ✍ If the psychologist or psychiatrist who evaluated your child prescribes wraparound services or an RTF placement, the next step is an ISPT Meeting.
- ✍?The ISPT Meeting is a **necessary step** in the process of getting these wraparound services or RTF placement approved by your child's Behavioral Health Managed Care Organization (MCO).
- ✍ The MCO will require the following documents before it will evaluate the medical necessity of the services prescribed for your child:
 - ✍ The most recent face-to-face psychiatric or psychological evaluation or reevaluation
 - ✍ A detailed Treatment Plan
 - ✍ A complete Plan of Care Summary and
 - ✍ The Interagency Services Planning Team (ISPT) Meeting Sign-In sheet

Organizing the ISPT meeting

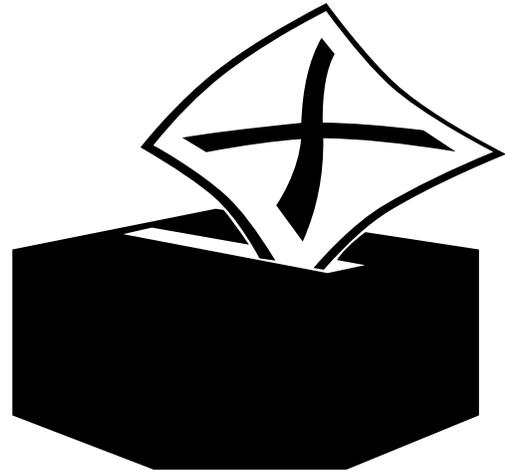
- ? The person responsible for organizing the ISPT meeting may be with the county Mental Health/Mental Retardation Office (MH/MR), the MCO, or the provider. Sometimes, this is handled differently from one county to the next.
- ? If you don't know who should organize the ISPT meeting you can call your child's MCO or your county MH/MR to find out who is responsible.

What is My Role at the ISPT Meeting?

??? You are an **advocate** for your child.

??? Your most important role is to be an active partner in the development of the treatment plan.

??? The treatment plan is critical both to the success of the services and to getting the services approved.



- ✍ ~~D~~o not allow the meeting to be rushed.
- ✍ ~~M~~ake sure that all of your child's needs are discussed and addressed, if you believe your child needs service.
- ✍ ~~S~~chedule ISPT Meetings well before the date when services are supposed to start (for example start planning as much as two months before the start of school if your child needs the services in school). To avoid gaps in services for children already getting services, this means scheduling the ISPT meeting at least 30 days before the date when your child's existing services are scheduled to end.

Who should be at the ISPT Meeting?

Make sure the ISPT meeting includes all the people that need to be there, this includes:

- ? You
- ? Your child (if appropriate)
- ? Someone from your child's MCO
- ? Someone from your county's Mental Health/ Mental Retardation (MH/MR) program
- ? Representatives from the other agencies working with your child including your child's school or daycare, someone from the intermediate unit if your child receives pre-school services

(caseworkers from Children & Youth or Juvenile Justice may also be present if your child is involved in these systems);

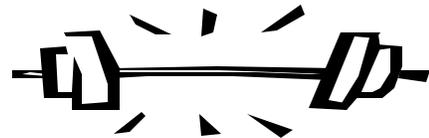
- ? The wraparound provider agency if you have identified one (if your child has a BSC this person should be there as well);
- ? Whenever possible, the wraparound prescriber (usually the psychiatrist or psychologist who evaluated your child), even if they can only attend by phone;
- ? Anyone you want have present—you can ask the person arranging the meeting to invite the people you want to attend such as a teacher, guidance counselor, family friend, or advocate.

What should be in the Treatment Plan?

The Treatment Plan should include:

??a vision for your child's progress – what kind of behavior would you like to see your child exhibiting in 6 months and 12 months, include specific goals for your child and family and the services requested to meet the goals;

??the strengths of your child and family;



??natural supports that exist for your child such as friends, family, church and school, also include any supports that are not there for your child;

??how you and other services systems will be involved in the plan;

??specific behavioral problems that your child has (as identified in the evaluation), where those behaviors are exhibited, and goals for improving those behaviors (goals should be behavioral not educational*);

??the specific interventions and methods to be used to address the behavioral goals and who will be responsible for addressing each goal;

- ??the individualized treatment plan interventions should be based on strengths specific to your child and family and not on "typical" interventions used for a certain diagnosis;
- ??measurable outcomes for the treatment provided and target dates for achieving those outcomes (for example: child will stay on task for 10 minutes 4 out of 5 trials during the day);
- ??specific information about how and where the treatment will be provided (home, school, or other setting) and about the number of hours the staff will work with your child in each setting and what the staff will work on with your child in each setting;
- ??a plan for transferring effective techniques for working with your child from the TSS to others including family members, school teacher, teacher's aide;
- ??standards for determining when the services to your child should be reduced or stopped.

NOTE:

- ↓ ↓ Because Medical Assistance provides health care services, meeting educational goals is not the responsibility of your MCO, but is the responsibility of your child's public or private school.
- ↓ There may be other services or programs available to your child through the school system.
- ↓ Contact your child's teacher, guidance counselor, or principal to find out how to get help through the school.
- ↓ ↓ If your child is not yet school age, contact the Intermediate Unit in your area to find out what early intervention services your child is eligible for.
- ↓ You can also contact the Education Law Center at 412-391-5225 or 215-238-6970.

You should insist that all the areas listed above are covered at the ISPT meeting and are included in your child's treatment plan. You should also insist that all of your child's problematic behaviors identified in the psychological evaluation are included in the treatment plan, and that treatment methods and goals are developed for each of these behaviors.

When you are updating an earlier treatment plan at an ISPT meeting, you should discuss what progress has been made towards goals in the earlier treatment plan, what goals have been achieved and what new goals should be developed. If a goal has not been achieved, you may want to discuss different interventions that could be tried to help your child achieve that goal. Explain any new behavioral goals that you have for your child. Discuss new interventions that will be used to help your child reach new and previously identified goals.

If your child has shown "clinical improvement" this should be documented in the treatment plan and the most recent psychological evaluation. Clinical improvement is shown if your child is meeting, or making progress toward, identified behavioral goals. The TSS, MT, or BSC must document your child's progress by keeping data on the measurable goals that your child is working on.

At the ISPT Meeting, Remember:

- ~~✍~~ **H**ave a copy of the current evaluation at the meeting—be clear what is being prescribed and why.
- ~~✍~~ **N**o one can change the prescription but the prescriber. The ISPT members cannot recommend fewer services than what the prescriber has prescribed. No one (including your BH-MCO's representative) but the prescriber can change the length of time for which a service has been prescribed.
- ~~✍~~ **D**iscuss other services your child is receiving—especially in the school.

- ✍️ ~~A~~ Highlight your child's strengths and not just problem areas.
- ✍️ ~~A~~ **NEVER** sign blank forms.
- ✍️
- ✍️ ~~A~~ A team member should complete *A Plan of Care Summary* at the ISPT meeting.
- ✍️ ~~S~~ Sign *A Plan of Care Summary* and the *ISPT Sign-in Sheet* at the ISPT meeting.
- ✍️ ~~I~~ If you do not agree with the treatment plan developed at the ISPT meeting be sure to put your initials in the box marked "disagree" on the *ISPT Sign-in Sheet*.
- ✍️ ~~A~~ Ask for and get a copy of the *Plan of Care Summary* that identifies the contact/responsible person for each service identified and the *ISPT Sign-in Sheet*.
- ✍️ ~~Y~~ You should leave the meeting with an understanding of where things are and what is the next step.

What if there is a disagreement at the ISPT Meeting?

Sometimes Team members disagree with the recommendations of the psychologist who evaluated your child. While they are entitled to disagree, the Team may not submit a request to the Managed Care Organization (MCO) for less service than is recommended by the psychologist. That is because the recommendation is considered a prescription and **only** a psychologist or psychiatrist can prescribe mental health services.

You should insist that the Team submit a request for the total number of hours recommended by the prescriber even if there is disagreement. The

Team member(s) who disagree can register their dissent in the Team meeting notes if they choose to do so.

There may be times when the MCO representative at the meeting tells the Team that the Managed Care Organization will not approve the services recommended by the psychologist. **That MCO representative does not have the authority to deny the request (unless that person is a psychologist)**. Again, you should insist that the Team submit a request for the total number of service hours recommended by the evaluating psychologist. If the MCO later denies the requested services, you can appeal.