

# PROVIDER ALERT

Alert#: PA-2014-11

Issued: October 07, 2014

To: DCF Residential and Group Home Providers

Subject: Enhancements to the Monthly Treatment Plan and Progress Report (MTPPR)

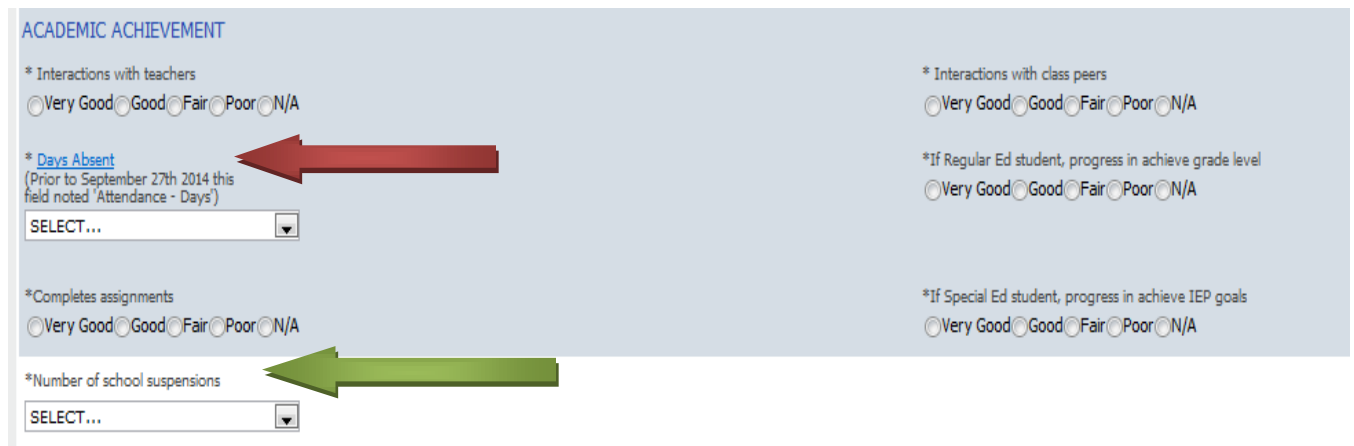
Dear Provider,

This Provider Alert is being sent to inform DCF Residential and Group Homes providers of several enhancements to the Monthly Treatment Plan and Progress Report (MTPPR).

## 1. MTPPR Changes

Providers will notice two changes to the “Additional MTPPR Information” tab under Academic Achievement. First, the “Days Attended” field has been replaced with a new field, “Days Absent”. Providers can select up to 30 days absent or N/A if the youth is not enrolled in school. The definition of “Days Absent” can be found in the hyperlink and reads as: *“Days Absent should include days the youth was absent from a regularly scheduled school day due to illness, medical appointment, refusal, etc. Youth should be absent the entire school day to be considered in this category, and if they attend any part of the school day it is not counted as an absence. In addition, weekends and school suspensions should not be counted in this category”*.


Second, a new question has been added related to “Number of School Suspensions” (see green arrow). Providers can select up to 30 suspensions or N/A if the youth is not enrolled in school. ***This should only include the total number of out-of-school suspensions.***



ACADEMIC ACHIEVEMENT

\* Interactions with teachers  
 Very Good  Good  Fair  Poor  N/A


\* Interactions with class peers  
 Very Good  Good  Fair  Poor  N/A

\* [Days Absent](#)  
(Prior to September 27th 2014 this field noted 'Attendance - Days')  
SELECT... 

\* If Regular Ed student, progress in achieve grade level  
 Very Good  Good  Fair  Poor  N/A

\* Completes assignments  
 Very Good  Good  Fair  Poor  N/A

\* If Special Ed student, progress in achieve IEP goals  
 Very Good  Good  Fair  Poor  N/A

\* Number of school suspensions  
SELECT... 

Finally, several hyperlink definitions have been added to the “Therapy and Home Passes” section of the Additional MTPPR Information tab.

- **Family Treatment Sessions:** *“Family Therapy is facilitated by clinical staff based on treatment goals and objectives. This can occur in various settings (i.e. facility, family home, electronic/media) and is not limited to biological family.”*
- **Family Visits:** *“Family Visits can include biological family or other individual identified by the youth as playing a significant role in their lives. Home passes should not be included and are defined in another section.”*
- **Home Passes:** *“Home Passes are intended to provide youth in treatment the opportunity to practice new skills and strengthen relationships with their families in the home environment.”*

## 2. **Bed Match/Referral Form Changes**

Providers will notice two changes to the Bed Match/Referral Form. The “Pre-Placement Appointment Date/Time” and “Pre-Placement Appointment Location” fields can now be edited by providers. Previously both fields were entered by Valueoptions staff and providers were unable to change the fields. We have made adjustments so that both fields can now be modified by the provider to reflect any changes in both the appointment date/time and location. See screenshot below with red box outlining these fields.

**Match Decision**

The above client has been matched to your program for RTC/GH services. He/She has been identified as an appropriate match to receive treatment from your program. The Area Office Social Worker/Parole/Probation Officer will contact you within 3 business days from the date of this notification to verify the pre-admission appointment at your agency. If you do not receive a call from the AOSW you should notify the AOSW's supervisor and the AO Behavioral Health Program Director, RCT Liaison or RCT Clinical Manager, as this will delay the youth from being placed at your program in a timely manner. If the match is not accepted, no additional referrals will be made to your program until the Bed Match referral is completed and submitted to CT BHP.

Match Decision: ACCEPT  
Date of Match Decision: 07092014  
Date that Referring Party Contacted Facility: 07012014  
*(Date of Match Decision must be within 3 business days of Date of Match Notification)*

**Pre-Admission**

Pre-Placement Appointment Date/Time (MMDDYYYY) (HHmm): 07112014 1600  
Pre-Placement Appointment Location: Facility|

**Admission Decision**

Admission Decision: SELECT...  
Date of Admission Decision: [ ]  
*(Date of Admission Decision must be within 2 business days of Pre-Placement Appointment)*

If Accept, Admission Date: [ ]  
If Not Accept, what is the primary reason?: SELECT...  
If Other, please specify: [ ]

We hope these enhancements allow us to capture more accurate information of children in congregate care. If you have any questions, please feel free to contact the Provider Relations Department at 1-877-552-8247.

Provider Relations Department  
Connecticut Behavioral Health Partnership