



Request for Proposals

Electronic Medical Records System for Residential Treatment Facility, Lignum, VA

ADDENDUM #2

June 21, 2016

Offeror must acknowledge receipt of this and any addendum as stated in the RFP.

The following shall become part of the RFP.

Vendor Question 1:

RFP Section Reference G on RFP Page #11

Will Childhelp accept electronic submission instead of Paper/CD submission? Submitting via paper means reducing the amount of time provided to respond to the RFP by at least 3-days for timely submission.

Childhelp Response:

No, Childhelp needs the proposal in both types of formats (paper and electronic) as described in the RFP. Childhelp's Procurement Department requires paper format with original signature.

Please note, the RFP was released May 10, 2016 and responses due July 11, 2016 – giving over 60-days of proposal development time.

Vendor Question 2:

RFP Section Reference G.5d on RFP Page #13

Is there a requirement to have experience in West Virginia/Virginia?

Childhelp Response:

The vendor should have knowledge and experience working with Medicaid, Behavioral/Mental Healthcare, and Residential Treatment Programs. It is not a requirement for the vendor to have their offered solution already in the state of West Virginia and/or Virginia. The vendor must configure their solution to meet the states requirements, reporting, and compliances as a Residential Treatment Facility.

Vendor Question 3:

RFP Section Reference G.7a on RFP Page #14

We typically offer a 30-day pilot? Will Childhelp require a different time-frame? Will you require a pilot for all locations or pilot with one location?

Childhelp Response:

Yes, a 30-day pilot is acceptable as long as all issues if encountered are resolved, tested, and accepted within that time period. For example, if Childhelp should encounter issues with the piloted solution just prior to the pilot end period, we would require sufficient time to adequately re-test which may include

regression testing and acceptance to approve the overall pilot delivery. This could possibly extend past your proposed 30-day listed period. Pilot approval is required prior to deployment. Please refer to Question 5 response in reference to testing.

There is only one location, the Childhelp Alice C. Tyler Residential Treatment Village. Pilot testing will be conducted from different access points (e.g. Childhelp Village in Lignum, VA; Childhelp Corporate Office in Phoenix, AZ, and staff member's home in Virginia). Pilot delivery should encompass a complete solution as specified in the RFP/Vendor Proposal Response/Requirements Document to properly test all aspects of the application. This includes but not limited to: administration (i.e. profiles, licensing/credentials, roles/permissions, contracts, workflows/triggers), login verification/authentication, module/component functionality/requirements/configurations, syntax, web-form format, staging/processing/generating/outputting/status levels, version control, report generation/output, etc.

Vendor Question 4:

RFP Section Reference G.7b on RFP Page #14

Will you have an internal PM assigned to this project that we can work with?

Childhelp Response:

Yes, there will be an experienced EMR Project Manager assigned to this project.

Vendor Question 5:

RFP Section Reference G.7d on RFP Page #14

How much time would Childhelp need to perform User Acceptance Testing (UAT)? How many resources would be conducting UAT?

Childhelp Response:

A 30-day UAT period is probably adequate. However, this may be dependent if the vendor provides a comprehensive UAT plan to assist with this effort. The vendor through their experience should schedule appropriate time for this phase. Please refer to question 3 response for pilot duration.

Vendor Question 6:

RFP Section Reference G.9a on RFP Page #15

Can you clarify what you mean by "specify a to-and-from the application"?

Childhelp Response:

The data that the users send/receive from the vendor's remotely hosted application cannot be read by outside parties if intercepted. Childhelp needs a secure website application using https for user authentication (possibly using client-side digital certificates to verify the identity of the user, token endpoint, SSL, certificate authority, etc.), form authentication (web pages, tags, files, directories), and any other data transferring/communicating connection between the web server and the client will need to be encrypted.

Vendor Question 7:

RFP Section Reference G.10i on RFP Page #16

What detail is Childhelp looking for here?

Childhelp Response:

The up/down speeds represent how much data can move through the connection in a given time (e.g. 8Mbps/12Mbps). Your data center's upload/download speeds hosting the proposed application and number users should offer reliable connectivity for high-speed access availability so there is little or no latency in conducting application transactions and/or transferring/processing data.

If your data center does not provide upload/download speeds, conduct a speed test (ping time) to determine the latency. Some speed test tools have geographical locations to approximate those points (i.e. data center to/from Virginia).

Vendor Question 8:

RFP Section Reference G.12 on RFP Page #16

How does the data flow between the various forms in Exhibit 5?

Childhelp Response:

See attachment "workflow forms chart" for details.

Vendor Question 9:

RFP Section Reference G.13c on RFP Page #17

What is the current Referral and Intake Process workflow at Childhelp?

Childhelp Response:

See attachment "CTS-1 Admission Process" for details.

Vendor Question 10:

RFP Section Reference G.13i on RFP Page #18

Does Childhelp use Topaz Signature pads? If so how many do you use? How many would you need? Are other brands acceptable?

Childhelp Response:

No, Childhelp is not using any type of dedicated signature pad device presently at the village. However, some staff members at the village use a Surface Pro to sign documents. Childhelp would need 10 signature pad units; proposal responders may list as an optional price these units. We are not tied to the Topaz brand, so other signature pad brands can be proposed.

Vendor Question 11:

RFP Section Reference G.13.j.viii on RFP Page #19

What would the use case be for "Emergency Access"?

Childhelp Response:

An example of 'Emergency Access', a child under the care of Childhelp has a manic episode during an off-campus field trip, the counselor needs access to the child's electronic medical record to inform/provide to the treating physician.

Second example: child's behavior becomes too dangerous to remain in treatment at the facility. Virginia regulations require mental health evaluation by an independent evaluator (certified pre-screener (licensed with the state of VA)). This individual is usually an employee of the local Community Services Board (CSB). In such cases, this individual will determine if the child meets requirements for Temporary

Detention Order (TDO) or Emergency Custody Order (ECO). Based on the urgency and available Childhelp staff, it may be beneficial for an internal Childhelp EMR user whom does not have permissions to that record given emergency access to review/view and provide certain information to the evaluator such as Medications, last Medication Management progress notes, and/or direct care progress notes from the past 24-48 hours.

Please review EHR Meaningful Use Stage, 170.302.p 'Emergency access' requirement – there is an emergency access to a client should a user not have existing permission to view the client's record; the user must be in the emergency access role to unlock the client record.

Vendor Question 12:

RFP Section Reference G.13mii on RFP Page #20

How does Childhelp currently use load-balancing configuration?

Childhelp Response:

Childhelp does not currently use any electronic load-balancing tool. The aspect of the EMR load-balancing configuration for Childhelp may assist in leveling/distributing work tasks/duties such as if a specific user is out sick or leaves abruptly, and/or load-balance index/level distributing workload fairly when conducting a large claim errors report. In essence a flexible tool to cope with heavy workload conditions/peaks.

Vendor Question 13:

RFP Section Reference G.13.p on RFP Page #22

Please provide more context around when and why an "older version" of a form would need to be accessed.

Childhelp Response:

Version change control gives an audit and progression of a client's history and changes. For example, if the client's mother last name has changed, Childhelp staff can refer back to match previous documentation to that name.

Since certain web-forms are e-signed, they must be retained under the state HIPAA retention guidelines. Version control maybe dependent on the vendor's solution data collection and storage for measurements, correlations, trends analysis, and performance (e.g. growth charts, assessments).

Vendor Question 14:

RFP Section Reference G.13.q on RFP Page #22

Will client medications be inventoried and managed on a per-client basis or does Childhelp maintain and inventory of medications for use across all clients? How are these medications obtained – 3rd party pharmacy, provided by client or does Childhelp act as the pharmacy?

Childhelp Response:

Childhelp uses a 3rd party pharmacy (Omnicare) for medications. There is no need for inventory. Routine house stock PRN medications such as Tylenol are purchased and inventoried through the use of a spreadsheet currently. It is not a large quantity so it is easy to maintain.

Vendor Question 15:

RFP Section Reference G.13v on RFP Page #23

What electronic dashboard do you use right now?

Childhelp Response:

We currently do not use an EMR electronic dashboard.

We presently use ADP H/R & Payroll departmental electronic dashboard. In addition, our organizational goal is to implement Sharepoint within an intranet setting.

Vendor Question 16:

RFP Section Reference G.13aa on RFP Page #24

What billing software are you using currently?

Childhelp Response:

Medik - Please refer to Exhibit 4 – Payer Submission, page 46 of the RFP.

Vendor Question 17:

RFP Section Reference G.14a on RFP Page #25

Will Childhelp staff be available to participate in our User Group?

Childhelp Response:

We are open to participate in the vendor's product user group. However, it depends on availability, requirements, setting/structure, agenda, etc.

Vendor Question 18:

RFP Section Reference G.14b on RFP Page #25

How often will Childhelp require access to the testing environment? Does it need to be available 24x7?

Childhelp Response:

This is dependent on several factors: (1) the vendor's hot fixes/updates/upgrades and system maintenance to our installed solution for operational verification and testing; (2) scheduled training for new users on our solution, and new features the vendor has added; and (3) testing complex and/or large report query generation.

It does not need to be available 24x7x365; however there might be certain periods of time to properly test/verify large updates/upgrades, and incoming user groups needing training. Please propose availability of the test environment and what is the vendor's protocol if it is not 24x7x365 accessible.

Vendor Question 19:

RFP Section Reference G.15 on RFP Page #27

Travel expenses are usually billed at actuals with an initial approved budget. May we suggest the requirement of including travel expenses in the final cost be stricken off?

Childhelp Response:

No, this requirement will not be stricken, however allowable changes to the travel expenses has been identified in Addendum 1. For additional information, please refer to Addendum 1.

Vendor Question 20:

RFP Section Reference J.4 on RFP Page #32

Are all the forms developed internally by Childhelp? Will Childhelp need to obtain permission to rebuild any forms?

Childhelp Response:

Yes, all forms identified in the RFP J.4.a-i for web-form entry have been developed internally by Childhelp. Childhelp will not need to obtain permission to rebuild any form at this time. Some forms will be scanned into the client's record that have been developed from external sources (e.g. CANS, CAFAS, MCM1, etc.)

Vendor Question 21:

RFP Section Reference J.5 (Invoice example) on RFP Page #40

What software is used to generate the invoice? Who generates the invoice? How often?

Childhelp Response:

Invoices are generated and printed through Medik software solution by a Childhelp staff member monthly and then mailed to the locality.

Vendor Question 22:

RFP Section Reference J.5 (Invoice example) on RFP Page #40

What accounting software do you use?

Childhelp Response:

Childhelp uses SAGE 100 v5.22 accounting software. No connection is necessary at this time.

Vendor Question 23:

RFP Section Reference J.5 (invoice example) on RFP Page #40

How do you currently generate statements? Do you use an internal team or an external service?

Childhelp Response:

Invoice statements are generated internally using the Medik solution. See Question 21 for additional information.

Vendor Question 24:

RFP Section Reference Exhibit 1, #10 on RFP Page #41

Please provide more context around the "Psychiatry functionality" requirements.

Childhelp Response:

Please refer to Initial Psychiatric Evaluation (Exhibit 5, page 52 of RFP), and Medication Management (Exhibit 5, pages 64/65 of RFP). Additionally, services require Psychiatrist oversight which will also require co-signature by Psychiatrist. For additional information, please refer to attachments "CTS-4 Physical Health, Psychiatric Care, and the Medical Documentation", and "Psychiatrist's Orders and Treatment Plan".

Vendor Question 25:

RFP Section Reference Exhibit 1, #12 on RFP Page #41

Please define “classroom management functionality”. What are the specifics Childhelp are looking to track via classroom management functionality?

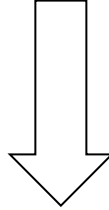
Childhelp Response:

Please refer to section G.14.r, page 27 for capabilities. Please note, this is an optional component and is not a requirement.

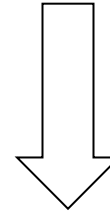
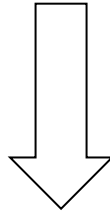
Alice C. Tyler Village of Childhelp – East
Residential Psychiatric Treatment Facility

Workflow forms chart

Initial Screening form – initiated through
phone contact with admission team



Meets admission criteria	Does not meet admission criteria
Does not meet exclusionary criteria	Does meet exclusionary criteria
See attachment “CTS-1 Admission Process” for details	



Proceed with admission	Do not proceed with admission
	Denial letter sent to guardian by admissions team
<p style="text-align: center;">FORMS</p> <p>Intake/Admission (<i>single instance</i>) [REQUIRED] – in most cases, this form is completed by legal guardian prior to admission</p> <p>Face Sheet (<i>auto-populate - printout only</i>) [REQUIRED]</p> <p>Assessments/Evaluations (completed within 14-days from the date of admission) [ALL REQUIRED]</p> <ul style="list-style-type: none"> i. Psychiatric Evaluation (<i>single instance – completed within 24-hours of admission</i>) ii. Comprehensive Psychosocial Assessment (<i>single instance</i>) iii. Intake Risk Assessment Tool (<i>single instance – completed within 24-hours of admission</i>) iv. TB Risk Assessment (<i>multi-instance, conducted on day of admission and annually</i>) v. Nursing Admission Assessment (<i>single instance – completed within 24-hours of admission</i>) vi. Recreation Therapy Assessment (<i>single instance</i>) vii. Educational Assessment (<i>single instance</i>) viii. Spiritual History & Needs Assessment (<i>single instance</i>) ix. Animal Assisted Therapy Assessment (<i>single instance – completed within 24-hours of admission</i>) x. TSCC (Trauma Symptom Checklist for Children) (<i>single instance</i>) xi. Nutrition Assessment (<i>single instance</i>) xii. Art Therapy Assessment (<i>single instance</i>) xiii. Occupational Therapy Screening/Evaluation (<i>single instance – if treatment is determined as necessary, a Full OT Evaluation will be completed</i>) xiv. Comprehensive Physical Examination (Commonwealth of VA) <p>Plans [ALL REQUIRED]</p> <ul style="list-style-type: none"> i. Initial Plan of Care (<i>single instance – completed at time of admission</i>) 	

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Workflow forms chart

[REQUIRED]

ii. Comprehensive Individual Plan of Care (CIPOC) (*single instance – 14-days post admission and monthly thereafter (28-days)*) **[REQUIRED]**

iii. Physical Holding Minimization Plan **{No longer used}**

Progress Notes [ALL REQUIRED from day 1 of admission through to the day of discharge]

- i. Milieu 21 Intervention Treatment Notes (*multi-instance - minimum of 21 notes/week to address the goals on the CIPOC; usually complete 4 daily, additional forms may be generated*)
- ii. Direct Care Progress Notes (*multi-instance - completed each shift*)
- iii. Physical Hold Procedure Form (*multiple instances, as needed, dependent on child's behavior*)
- iv. Primary Therapist Progress Notes (*multi-instances - notes to include the following services: 3 individual therapy, crisis intervention, family therapy {with or without child present}, case management, family phone contact & therapy*)
- v. Group Therapy Progress Notes (*multi-instance – conducted weekly, may include art therapy, equine therapy, and therapist group therapy (required to have 3-hours weekly)*)
- vi. Educational Progress Notes (*multi-instance, monthly*)
- vii. Occupational Therapy Note (*multi-instance, dependent on the number of sessions prescribed by physician/OT therapist (1-3 times weekly)*)
- viii. Medication Management Physician Note (*multi-instance – usually weekly but can be more deemed by Psychiatrist*)
- ix. Nursing Progress Note (*multi-instance, as needed, dependent upon child's presenting problems – usually has a medical focus*)
- x. Bio Logs (*multi-instance, daily per shift*)

Other

- i. Emergency Treatment Team Meeting (*multi-instance, dependent on the child's behavior*)
- ii. Therapeutic Pass Request (*multi-instance, as needed, typically last few months of treatment*) **[sent to approval committee by therapist]**
 - Therapeutic Pass Success Form (*single instance, completed at the end of each therapeutic pass*) **[dependent of pass approval]**
- iii. Physical Examination – Sick & Acute Care (*multi-instance, as needed, based on child's presenting medical issues*)
- iv. Supervision Screening Tool (*single instance, as needed, dependent upon child's behavior*)
 - Supervision Re-evaluation Screening Tool (*multiple instance, conducted daily until removal from doctor – component of the Supervision Screening Tool*) **[dependent upon Supervision Screening tool]**
 - Acuity Monitoring Sheet (*multi-instance, completed in conjunction with Supervision Screening Tool but only if child is placed on 1:1 supervision*) **[dependent upon Supervision Screening tool]**
- i. Discharge Summary **[REQUIRED]** **In most cases, completed by therapist on day of discharge.**

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	Title: Admission Process	DATE: 11/1/2014
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- CTS-1.1 Purpose** To ensure that the ACTV of Childhelp East will admit children whose needs and characteristics are compatible with the facility's programs and services. Furthermore, to explain the process by which referrals are received, screened and accepted.
- CTS-1.2 Authority** The Joint Commission (TJC) standards CTS.01.01.01, CTS.01.02.01, CTS.02.01.01, CTS.02.01.15, CTS.02.03.05; VA Department of Behavioral Health and Developmental Services, *Standards for the Regulation of Children's Residential Facilities*, Section (s) 12VAC 35-46-630, 12VAC35-46-640, 12VAC 35-46-680, 12VAC 35-46-700, 12VAC35-46-720; West Virginia (PRTF) Standards 531..4.1, 531.4.2, 531.4.4
- CTS-1.3 Definitions** **Admissions Team-** Two (2) or more of the following professional staff; the Admissions Director, the Director of Clinical Services, Executive Director, Medical Director and/or the Director of Nursing, The Director of Residential Services, and Director of Education.
- CTS-1.4 Policy** It shall be the governing practice of ACTV of Childhelp East that children shall be accepted by court order or by written placement agreement with legal guardians.
- The Village shall provide treatment to any child between the ages 5 to 14 who has been neglected or abused, is in danger of being neglected or abused, is a dependent of the court, is a voluntary placement paid for by state or county funds, and suffers from any combination of the following disorders and disturbances:
- (A) Severe individual intra-psychic disorders (mental, emotional, and behavioral), e. g.:
 - 1) Disturbances of object relations, capacity for attachment, and basic trust;
 - 2) Imbalances in response to age-appropriate need gratifications and realistic limitations;
 - 3) Failures in the development of age appropriate reality testing;
 - 4) Unrealistic self-concepts and self-image;
 - 5) Disruptions in the integration of active, passive, aggressive, and libidinal impulse-control patterns;

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- 6) Inappropriate affective responses;
- 7) Disorganization and confusion of symbolic and formal thought processes;
- 8) Difficulties in the sequential development, organization, and utilization of informal and formal learning capacities;
- 9) Neurological and other organic or psycho-physiological impairments and complications with primary manifestations in the behavioral or emotional area;

(B) Serious developmental disturbances, e. g.:

- 1) Failure to achieve progressive psychomotor development and mastery of psychobiological functioning, or pronounced fixation or regressions, for example, motor, speech, cognitive, social, psychosexual;
- 2) Developmental deviations likely to produce severe future impairments;
- 3) Acute situational crisis related to a developmental stage with inadequate, inappropriate, or ineffective support for remediation;
- 4) Failure of necessary self-sustaining initiative, motivation, and adaptive capabilities;
- 5) Behavioral patterns with destructive psychological, physical or social consequences, for example, lack of self-protective responses, excessive risk-taking and social isolation or conflict;
- 6) Impaired or inappropriate anticipatory responses;

(C) Significant disturbances in environmental relationships, e. g.:

- 1) Severe disruptions of relationships within the family or with significant others;
- 2) Pathological relationships which cause the internalization of inappropriate models.
- 3) Persistent maladjustment of peer and other social relationships;
- 4) Environmental disturbances in family, peers, or other influencing systems which interfere with learning and social development;
- 5) Maladaptive or unrealistic development of social

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behavior; and/or

- 6) Overwhelming or seriously traumatizing environmental conditions or events.

- (D) Any child meeting the foregoing criteria for admission into residential treatment, and who has the concurrent diagnosis of emotional disturbance; also children identified with Intellectual disabilities are to be mainstreamed into the village population in both school and the therapeutic milieu. A discussion by the entire admission team shall be held in order to determine the appropriateness of such a placement. Specific criteria for acceptance into the Village residential program are listed below:

- 1) Non-existent measured IQ score:

- (a) If the child has Autistic disorder or similar PDD, the decision for placement shall be made by the admission team. Factors that shall be considered include age, size, gender, adaptive functioning, danger to self or others, and any other pertinent information provided in the case study.
- (b) If the child has never been tested, then school performance, native and current language skills, and an interview with the child shall be considered in the placement setting decision by the Admission team.

- 2) Age five (5) to fourteen and six months (14.6);

- 3) In grades K-8th;

- 4) IQ 55 and above;

- 5) Axis 1 psychiatric diagnosis; and

- 6) Not in need of 24-hour medical care.

- (E) Examples of exclusionary criteria (some criteria can be considered on a case by case basis):

- 1) Children with measured IQ below 55 unless a licensed professional believes the child has the ability to score 55 or higher;
- 2) Children who need 24 hour RN or LPN assisted medical care;
- 3) Children who are actively suicidal or homicidal;
- 4) Children who have conduct disorders on Axis I

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- 5) Children who are active sexual perpetrators;
- 6) Children who have been adjudicated;
- 7) Children over the age of 14 or under the age of 5 at time of admission; or
- 8) Children who refuse to comply with the admission process.
- 9) Children who are nonambulatory.

CTS-1.5 Procedures

As used in this policy, the following procedures shall apply:

A. Initial Screening and Review Process:

- The Admissions staff shall screen possible candidates with the **Initial Screening/Placement Information Sheet** template.
 - Screenings may be conducted by phone with the placing social worker/legal guardian.
 - If the referral seems appropriate (taking into consideration exclusionary criteria); the Admissions Director will request additional information to be reviewed by members of the Admissions Team to determine appropriateness for placement.
- The Admissions staff shall make a reasonable effort to obtain as much information on the child and family as possible from the referral source.
 - Examples of such information include school information, current and historical placement(s), past therapists, psychological functioning, strengths, preferences, goals, family history and relationships, social/developmental history, current and past emotional and behavioral functioning, current emotional status, educational schools, medical history including past or present significant medical problems, use of psychotropic medication, history of previous treatment for mental health, intellectual disability, and behavior problems.
 - At a minimum documentation from the past year is collected to give the Admissions Team the most current information to consider.
- The Admissions Team will analyze the data to produce information

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about needs of the individual served for care, treatment or services, and to identify the need for additional data.

- This preliminary planning for care, treatment and services will address interventions in response to emergency needs, such as an immediate need for placement (within 48 hours) or danger to self or others (ex: may need 1:1 support initially upon admission).
- The Admissions Team will make treatment and service decisions based on information developed about the needs of each individual served and his or her response to care, treatment, or services.
 - Upon approval by the Admissions Team, clients are matched with the care, treatment, & services in the organization most appropriate to their needs (taking into account age, gender, and size, level of functioning and severity of behaviors).
 - An **Admissions Application** will be completed on each accepted referral.

B. Denial/Acceptance Procedures:

- If the child is not appropriate for placement based on the exclusionary criteria, the Admissions staff shall offer to provide information about possible alternative placements to the referral source.
- A **Denial Letter** will be completed and attached to the referral packet. If requested, a denial letter will be given to the legal guardian for their file.
- If the child is appropriate for placement, an **Acceptance Letter** shall be created and can be faxed, scanned/mailed or mailed to the referral source prior to the admission or given at the time of admission.

C. Maintaining Waiting List

- A referral/waiting list (**Daily Admission Report**) is maintained by the Admissions staff for referrals that are under review and for referrals

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that are deemed appropriate for placement/accepted. The Child's name, age, insurance information, and Referral Source are kept on the Daily Admission Report. The Daily Admission Report will be updated as each referral is received.

- A child will remain "In Review" status until a decision is made for denial or acceptance. Once the child is deemed appropriate then he/she is labeled "Accepted".
- If a child is denied, then a denial letter is created and maintained with the referral packet and the child's name is removed from the Daily Admission Report. *Refer back to denial/acceptance procedures.*

D. Admission Procedures for Interstate Compact on the Placement of Children (ICPC)

- Upon acceptance of a child that requires Interstate Compact approval, an ICPC application is provided to the referral source to complete for admission of a child from another state to Childhelp.
- Once an ICPC application is completed three (3) copies are sent to that state's ICPC office. Once processed the referring state sends the processed application to the Virginia ICPC office for approval.
- Once a verbal approval is granted from the Virginia ICPC office, Childhelp can move forward with placement of the child.
- A written copy of the ICPC approval is maintained in the child's medical chart.

E. Admission Procedures for West Virginia Residents

- A signed/dated MCM1 is effective for a period of 30 days prior to the request for prior authorization for admission.
- Prior authorization for admission to the Childhelp is effective for 10 days. If the child is not placed within the facility within the 10 days period, a new authorization is required. All authorizations are

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submitted to Utilization Management Contractor (UMC).

- The MCM1 is maintained in the child's medical chart. A copy of the MCM1 must be submitted to UMC.
- West Virginia Medicaid members under the age of *nine* are not to be placed in an out-of-state PRTF unless there is documentation provided indicating this is the only alternative available for the child because alternative resources have been explored and are not available in state and if the placement is not made the safety/well-being of the child is at risk. Childhelp maintains a copy of this letter in the child's medical chart and submits a copy to APS along with the MCM1 and supporting information.

F. Attachments Include(s):

1. Referral Intake Screening Form
2. Admission Application

CTS-1.6 Applicability	Admissions Team members, Clinical Services Department, Medical Department, Residential Services, Utilization Review, Health Information Management and Accounts Receivable.
CTS-1.7 Training	Procedures reviewed as part of Senior Leadership Planning
CTS-1.8 Effective Date	November 1 st , 2014
CTS-1.9 References	Not Applicable

Approval: 
Executive Director

Date: 1/7/2015

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	Title: Physical Health, Psychiatric Care, and the Medical Documentation	DATE: 11/1/2014
		SUPERSEDES: 9/30/10

- CTS-4.1 Purpose** To ensure that children in the village have their physical and psychiatric needs identified, monitored, met, and to provide a system of record keeping and accountability.
- CTS-4.2 Authority** *The Joint Commission (TJC)* standards CTS.02.01.03, CTS.02.01.06, CTS.02.01.09, CTS.02.02.05, CTS.04.03.35; *VA Standards for the Regulation of Children's Residential Facilities* **DBHDS** standards 12 VAC 35-46-820, 12 VAC 35-46-840; West Virginia (**PRTF**) Standards 531.5.3.
- CTS-4.3 Definitions** Not Applicable
- CTS-4.4 Policy** Provisions shall be made for health care services under the control of a health authority. When this authority is not a physician, final medical judgments will rest with a physician licensed in the Commonwealth of Virginia.
- CTS-4.5 Procedures** **The below procedures shall be followed to comply with this policy:**
- During the referral phase of admission:**
- A. The health care procedure includes:
- 1) Before the admission, the Director of Admissions shall make every effort to obtain written documentation concerning a child's physical and mental health status, to include any possible communicable or contagious illnesses, any medications, TB testing or screening status and any special treatment procedures required by the child. This information shall be presented to the admission team.
- During the admission process:**
- A. The child shall receive:
- 1) Nursing assessment to identify any health risks or needs. Referrals for identified risks or needs shall be addressed by the Director of Nursing/Nurse Practitioner and/or the Medical Director.
 - i) A physical examination within seven (7) days. The Village will accept an examination as current if:

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- B. The child is admitted and has had a physical examination by or under the direction of a licensed physician no earlier than 30 days prior to the date of admission.
- 1) A dental examination within 90 days. The Village will accept an examination as current if:
 - I. The child is admitted and has had a dental examination by or under the direction of a licensed dentist no earlier than 90 days prior to the date of admission.
 - 2) Children with known communicable diseases shall not be admitted to the Village unless a licensed physician attests that the Village is:
 - I. Aware of the required treatment for the child and the procedures to protect other children, staff and visitors; and capable of providing care to the child without jeopardizing other children, staff, and/or visitors.

Note: For more information regarding the admission process see policy CTS-1.

During placement; while in residence:

- A. The child shall receive:
 - 1) Lab work as necessary.
 - 2) A psychiatric evaluation within the first 24 hours of admission.
 - 3) A physical examination at least once per year; and
 - 4) A dental examination at least once every six (6) months.
- B. Each child's medical documentation shall include:
 - 1) Physical examination that include the following:
 - I. Recommendations for follow-up care and

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documentation of the provision of follow-up care recommended by the physician or as indicated by the needs of the child;

- 2) Information necessary to determine the health and immunization needs of the child, including:
 - I. Immunizations administered;
 - II. Vision exam;
 - III. Hearing exam;
 - IV. General physical condition, including documentation of apparent freedom from communicable disease including tuberculosis;
 - V. Allergies, chronic conditions, and handicaps, if any;
 - VI. Nutritional requirements, including special diets, if any;
 - VII. Restrictions on physical activities, if any;
 - VIII. Recommendations for further treatment, immunizations, and other examinations as indicated;
- 5) Date of the physical examination; and
- 6) Signature of a licensed physician/NP, the physician's designee, or an official of a local health department.
- 7) Annual examination by a licensed dentist and documentation of provision of follow-up care recommended by the dentist or as indicated by the needs of the child;
- 8) Notations of health and dental complaints and injuries with a summary of symptoms and treatment(s) administered;
- 9) Psychiatric evaluations and the Village's efforts to obtain treatment summaries of ongoing psychiatric or other

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mental health treatment and reports as applicable;

10) Medications prescribed and administered; Special diets; and

11) Any other medical, dental referrals from outside consults and all psychiatric information.

12) All documentation will be restricted to staff on a need to know basis, as well as treating physicians for specific appointments.

Note: For more information regarding confidentiality please see policy IM-1; also for information regarding the designation of the medical record see policy IM-3.

CTS-4.6 Applicability All personnel in the Essential Personnel category.

CTS-4.7 Training Upon New Hire

CTS-4.8 Effective Date November 1st, 2014

CTS-4.9 References Not Applicable

Approval: _____
Executive Director

Date: 10/16/2014 _____

Alice C. Tyler Village of Childhelp East	Chapter:	POLICY NO.: CTS-6
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	Title:	DATE: 10/1/2014
	Psychiatrist's Orders and Treatment Plans	SUPERSEDES: 11/1/2011

CTS-6.1	Purpose	To ensure that children receive the full benefit of orders and treatment plans directed by the Village's Psychiatrist/Medical Director.
CTS-6.2	Authority	<i>The Joint Commission (TJC)</i> RC.02.03.07, LD.03.04.01, MM.04.01.01, CTS.05.06.13, CTS.05.06.17, CTS.05.06.19; <i>VA Standards for the Regulation of Children's Residential Facilities</i> DBHDS 12 VAC 35-46-940; <i>WV Chapter 531-Covered Services and Exclusions for PRTF</i> DHHR 531.10.6.
CTS-6.3	Definitions	Not Applicable
CTS-6.4	Policy	Whenever the Village's Psychiatrist/Medical Director issues an order or a specific treatment plan, the order/plan shall be followed.
CTS-6.5	Procedures	As used in this policy, the following procedures shall apply: <ul style="list-style-type: none"> A. A copy of the order or plan shall be distributed to all employees responsible for the child's supervision and care and to the supervisors of those employees. B. When the order or plan specifies a ratio different from current Village standard, the Village Supervisor shall be responsible for ensuring compliance with the ratio specified by the order or plan. C. Any and all deviations/violations of the order or plan shall be noted on the Incident Report form; specific Treatment Plan Violation.
CTS-6.6	Applicability	This policy applies to the following departments and staff of those departments: Education, Clinical Services, Residential/Direct Care, and Programs.
CTS-6.7	Training	Upon New Hire and Departmental In-Services
CTS-6.8	Effective Date	November 1 st , 2014
CTS-6.9	References	Not Applicable

Approval: _____
Executive Director

Date: 10/16/2014 _____