MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

SUBJECT Mental Health Services Provided In a Non-JCAHO Accredited Residential Facility for Children under 21 Years of Age	**BY** Darlene C. Collins Darlene C. Collins, M.Ed., M.P.H. Deputy Secretary for Medical Assistance Programs
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PURPOSE:

The purposes of this Bulletin are to:

1. inform providers that the Medical Assistance Program will reimburse providers for medically necessary mental health services provided in a non Joint Commission on Accreditation of HealthCare Organizations (non-JCAHO) accredited residential treatment facility for children under 21 years of age with a diagnosed mental illness or severe emotional disorder, regardless of any additional diagnosis including substance abuse or mental retardation; and

2. inform providers of the requirements and procedures regarding medical assistance reimbursement for those services.

The requirements and procedures described in this Bulletin apply to every child with mental health service needs who is eligible for Medical Assistance (MA). This includes children who are enrolled in HealthPASS or other managed care programs such as health maintenance organizations (HMOs) capitated through the Office of Medical Assistance Programs (OMAP), as well as children who are alleged to be, or have been adjudicated, abused, neglected, dependent, or delinquent and therefore have been, or should be, accepted for service by the children and youth system.

SCOPE:

Base Service Units

Chief Juvenile Probation Officers

County CASSP Coordinators

County MH/MR Program Administrators

County C&Y Administrators

County Children & Youth Agency Advisory Committees

County Human Service Administrators

Health Insuring Organizations

Health Maintenance Organizations

Juvenile Court Judges

Juvenile Court Judges Commission

General Hospitals

Parents Involved Network

Pennsylvania County Commissioner's Association

Pennsylvania Community Providers Association

Physicians

Psychiatric Hospitals

Psychologists

Psychiatric Hospitals and Psychiatric Units

Rehabilitation Hospitals and Rehabilitation Units

Residential Treatment Facilities

Private Children and Youth Agency Directors

Medical Assistance Managed Care Plans and

Subcontractors

BACKGROUND:

In 1989, Congress amended the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions of the federal Medicaid statute to require states to provide "necessary health care, diagnostic services, treatment, and other measures described in (the statute) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan." 42 U.S.C. § 1396d (r) (5) ("OBRA '89") (emphasis added).

In order to provide ongoing direction to the provider community, the Office of Medical Assistance Programs (OMAP) is issuing the following guidelines, whereby all medically necessary mental health services or health-related services are eligible for medical assistance reimbursement, when provided to eligible individuals, whether or not those services are listed on the Medical Assistance Program Fee Schedule or otherwise covered in the State Medicaid Plan, as long as the services are authorized under the federal Medicaid statute.

The following requirements and procedures were developed using a coordinated approach to mental health services for children, in concert with the County Mental Health/Mental Retardation (MH/MR) Administrators, County Children and Youth (C&Y) Administrators, Chief Juvenile Probation Officers, providers, advocates and families, based on Pennsylvania's Child and Adolescent Service System Program (CASSP) (see Attachment 1) to facilitate a recipient's access to medically necessary services.

This Bulletin supersedes MA Bulletin Number 01-93-04, 11-93-02, 13-93-02, 41-93-02 for non-JCAHO accredited residential treatment facilities. Bulletin Number 01-93-04, 11-93-02, 13-93-02, 41-93-02, 53-93-02 remains in effect for JCAHO certified residential treatment facilities, as supplemented by Bulletin Number 01-95-13, 11-95-09, 12-95-05, 13-95-02, 14-95-02, 17-95-06, 41-95-04, 50-95-04, 53-95-02.

DISCUSSION:

REQUIREMENTS FOR NON-JCAHO ACCREDITED MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY SERVICES

A. CLIENT ELIGIBILITY REQUIREMENTS

An individual under 21 years of age with a diagnosed mental illness or severe emotional disturbance, regardless of any additional diagnosis including substance abuse or mental retardation, is eligible when:

1. The individual is eligible for Medical Assistance; and

2. The individual has a documented need for mental health services requiring placement in a medically prescribed therapeutic/rehabilitative residential treatment facility primarily because of the mental illness or severe emotional disturbance.

    a. The mental health services must be prescribed or recommended as medically necessary by licensed physician or licensed psychologist; and

    b. The mental health services must be recommended by a county interagency service planning team (see Attachment 2), with representation of the County MH program and, if applicable, the County C&Y Agency or Juvenile Probation program, and if applicable, the managed care program; representatives from all community service systems currently providing service to the child and family; a representative of the Education system (the school district responsible for planning for the child); and the child and the family and/or legal guardian. The team should also include the prescribing physician or psychologist when possible; and

    c. The mental health services must be approved by the County MH/MR Administrator.

3. The individual has received a psychological or psychiatric evaluation that supports a DSM IV diagnosis, ASIX I through V, or an ICD-9-CM diagnosis, along with AXIS III through V of the DSM IV (see Attachment 3); and

4. The service has been prior approved by the Office of Medical Assistance Programs.

B. MANAGED CARE PROGRAM REQUIREMENTS

HealthPASS, HMOs and other managed care programs capitated through DPW are not responsible for reimbursement of residential treatment services if OMAP's fee-for-service admission requirements are met, prior approved by the Department, and the child is actually admitted to the RTF. However, private managed care program coverage or another third party resource may be available for RTF care to the recipient through another source. In either case, whenever OMAP will be requested to make payment toward RTF services, the admission must be prior approved by the Department and the medical necessity for the services must be documented in the medical record to avoid retrospective denial of payment.

If a child is enrolled in a DPW managed care program and the DPW managed care physician recommends residential treatment facility services, the managed care program must contact the child's county mental health administrator and work with that agency to complete the required information to ensure that the Outpatient Service Authorization Request form (MA 97) with the requisite supporting information is supplied to the Department as required in this Bulletin. If the child is in the custody of the county C&Y or being placed by that agency, the DPW managed care program must also work with the county C&Y representative. The recipient in a DPW managed care program may not be disenrolled from that program until certified by the fee-for-service program as requiring RTF services and actually admitted to an enrolled RTF. This means that the managed care program is responsible to continue providing appropriate mental health services to the child until the child is actually approved by OMAP for admission and admitted to the RTF.

All third party coverage available to the recipient for RTF services must be used prior to OMAP coverage for the RTF service. In this instance, if OMAP will be requested to make full or partial payment toward the cost of care (for example, full payment if the third-party insurer does not cover any of the services being provided or coverage is exhausted prior to the admission; or partial payment for a deductible, coinsurance, to supplement a partial payment toward service, or when the insurance benefit becomes exhausted during the stay), the facility must comply with all of the requirements and procedures described in this Bulletin for prior approval of MA reimbursement for residential treatment services.

C. PROVIDER QUALIFICATIONS

To receive MA reimbursement, a non-JCAHO accredited residential treatment facility must:

1. Be licensed by the Department of Public Welfare as a residential child care facility, pursuant to 55 PA Code chapters 3680 and 3810 or, if the provider serves only individuals 18 years of age or older, as a CRR pursuant to 55 PA Code chapter 5310; and

2. Be enrolled as a Medical Assistance provider (assistance in becoming enrolled as a residential treatment facility is available by calling OMAP at (717) 772-6456);

3. Meet the Department's interim guidelines for residential treatment (see Attachment 4). The Department of Public Welfare, Office of Mental Health (OMH) will conduct an on-site inspection and confirm certification to OMAP expeditiously – where possible, within 45 days, but no later than within 90 days – after receiving an application for provider enrollment;

4. Adhere to the CASSP Principles for Children's Services in Pennsylvania (see Attachment 1); and

5. Have a minimum of eight beds.

D. PAYMENT FOR SERVICES

The Department will establish a negotiated payment rate for prescribed residential treatment services in non-JCAHO accredited residential treatment facilities as follows:

1. The Department will establish a negotiated per diem rate for each provider to pay for prescribed therapeutic or rehabilitative services. The negotiated per diem rate will be based upon each facility's costs reflected in the facility's cost report and applying Medicare cost reimbursement principles and other reasonableness tests. Costs related to room and board are not compensable under the MA Program. Room and board payments must be requested from the County C&Y program for children in the custody of that program, or from the County MH Program for children whose parents retain custody, from funds made available by the Department solely for that purpose (see Attachment 5).

2. Payment will be made only for services prior approved by OMAP. (Note: MA does not provide compensation for education costs, but the child's residential plan should include a description of provision for the child's education in the least restrictive, appropriate setting. Requiring payment of education costs to the residential treatment provider as a condition of placement for treatment is unacceptable practice and will result in the recoupment of funds. Such practice could also result in the provider being disenrolled from the MA Program.)

3. Therapeutic Leave – Therapeutic leave is a period of absence from an institutional setting directly related to the treatment of the individual's illness. The terapeutic leave must be prescribed as a part of the child's individual treatment program. It is to be used as part of a professionally developed and supervised individual plan of care designed to achieve the child's discharge from the facility and return to the community at the earliest possible time. The RTF where the child is currently receiving treatment is responsible both clinically and fiscally for mental health services the child may require while on leave.

   The first day of therapeutic leave is defined as 12 to 24 hours of continuous absence from the facility, without staff presence, for therapeutic reasons, without regard to calendar day. Continuous absence for any portion of each additional 24-hour period for therapeutic reasons counts as an additional day of therapeutic leave. For example, if a child leaves the facility on therapeutic leave at 8 p.m. on Friday evening and returns at 3 p.m. on Saturday, the child has been out of the facility for 19 hours. Since 12 to 24 hours equals the first day of therapeutic leave, the child has used one day of therapeutic leave even though the child has been out of the facility on two different calendar days. Similarly, if the child leaves the facility at 10 a.m. on Saturday and returns 9 p.m. on Saturday, the child has been out of the facility for 11 hours. Since the first day of therapeutic leave equals 12 to 24 hours, no therapeutic leave days have been used. If the child leaves the facility at 10 a.m. on Saturday and returns at 4 p.m. on Sunday, the child has been out of the facility for 30 hours. This equals two days of therapeutic leave, 10 a.m. Saturday to 10 a.m. Sunday and a portion of the next 24 hour period from 10 a.m. to 4 p.m. Sunday.

   Medical assistance payment for therapeutic leave in an RTF is limited to a maximum of 48 days of therapeutic leave per patient per calendar year. The limit applies even if the child is in continuous or intermittent treatment at one or more RTFs during the calendar year. The facility is responsible for keeping written records of the therapeutic leave days used before admission and during the child's stay in the facility. The RTF may not bill for therapeutic leave days in excess of the 48 day per calendar year limit. The limitation of 48 days does not prohibit additional therapeutic leave to be prescribed and used as appropriate. It does limit the days of therapeutic leave for which the Department will make payment.

   The facility will continue to be eligible for a full per diem payment for each day the child is on documented therapeutic leave within the 48 day limitation. In order for therapeutic leave days to be compensable, documentation in the child's medical record must include the physician's or psychologist's order for the therapeutic leave, a description of the desired outcome, the date and time the child went on therapeutic leave and when the child returned, as well as a written evaluation resulting from interviews with both the child and family or legal guardian after the leave period. The evaluation shall describe the treatment objectives of the leave and the outcomes. The facility must report therapeutic leave usage when requesting prior approval for continued stay.

   The facility must reserve the residential facility bed while the child is on compensable therapeutic leave. The facility may not use the reserved bed for which payment is made by OMAP.

4. Hospital Leave – The MA Program will reimburse a non-JCAHO residential facility at one third of the facility's MA per diem rate for 15 days per calendar year to reserve the residential facility bed when the child is required to leave the residential treatment facility and enter a general inpatient hospital or to enter a psychiatric facility. The facility may not accept any reimbursement from any other source for the 15 days that are reimbursed by OMAP. If the facility accepts such reimbursement, and residential treatment services continue to be clinically appropriate for the child upon discharge, the facility must take back the child immediately upon discharge from the hospital.

   If the child's hospital stay exceeds 15 days, the child's parent (s), legal guardian (s) and/or family have the option to pay the residential treatment facility per diem rate to keep the child's bed vacant in anticipation of the child's return to the residential treatment facility, if this service continues to be clinically appropriate upon discharge. If the child's parent (s), legal guardian(s), and/or family choose not to pay the per diem rate, the child must be permitted to return to the residential treatment facility immediately upon the first availability of a bed.

   The hospital leave does not affect the approval period for residential treatment facility services.

   a. Discharge from an acute care general hospital or a rehabilitation hospital or unit: If at the time of hospital discharge, the child continues to need residential treatment services, the child may return to the previously approved residential treatment facility for the balance of the approval period. If, for any reason, the child will be returning to a different mental health residential treatment facility, the new facility must contact OMAP at (717) 772-6181, to explain the reason for the change to the new facility and request an Approval Letter to provide and bill for residential mental health treatment facility services provided to the child for the balance of the original approval period.

   b. Discharge from a psychiatric hospital or a psychiatric unit of an acute care general hospital: If at the time of hospital discharge the child continues to need residential treatment services, the treating hospital physician or psychiatrist must prepare and submit to OMAP a psychiatric evaluation that includes a recommendation that the child return to the previously approved residential treatment facility for the balance of the original approval period and an explanation of the reasons why the child should return to the same residential treatment facility. A copy of the psychiatric evaluation must also be sent to the residential treatment facility. The facility must send a copy of the psychiatric evaluation to the primary county case manager. The copy must be included in the child's case record at the residential facility and responsible county agency.

      During hospitalization, the residential treatment facility services provider must actively coordinate all activity related to the treatment of the child. Coordination activities must include the hospital and the

primary county case manager and must be documented in the child's case record at the residential treatment facility.

When the child is readmitted to the residential treatment facility, the facility must develop a new residential services treatment plan that reflects the child's recent hospitalization.

5. Absent Without Leave (AWOL) – If a child is AWOL, payment will be made under the MA Program for up to 48 hours that the child is absent if the provider documents in the child's records all attempts that the provider made to locate the child.

   Upon identification that the child is AWOL, the facility must immediately file a police report and conduct an extensive search of the facility buildings, grounds and off-site areas where the staff believes the child might have gone. If the child cannot be located within 2 hours of the initial identification that the child is missing, the facility must also notify the local office of Mental Health and either the local county C&Y agency if the child is in its custody, or the child's responsible family member and/or legal guardian when the child is not in the custody of the C&Y agency. Additional attempts to locate the child must include, at a minimum, at least 4 to 6 hours of off-facility grounds search during each 24-hour period that the child is AWOL. When the child is found or returns, the facility must notify all previously notified parties that the child is no longer AWOL.

   Each of the above-listed activities must be documented in the child's record. Each notation in the record must be signed and dated upon entry and must give a date, time and summary of each action taken. Documentation of on-site and off-site searches must specify the date and hours of search, where the search was conducted, any pertinent findings, the date and time of the child's return, and must be signed by staff who conducted the search.

   Absences without leave is excess of 48 h ours are not compensable and must not be shown as covered days on an invoice to the Department.

PROCEDURES FOR NON-JCAHO MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY SERVICES

A. PRIOR APPROVAL

1. To request prior approval of medical assistance payment for non-JCAHO accredited mental health residential treatment facility services, the following documents and information must be prepared:

   a. The Outpatient Service Authorization Request (MA 97) signed by the prescribing licensed physician or licensed psychologist or designee (see Attachment 6);

      REMINDER: Be sure to check the 1150 Waiver block (number 2) on the form.

   b. A copy of the most recent psychiatric or psychological evaluation (within 30 days) signed by the prescribing licensed psychiatrist or licensed psychologist, which includes a recommendation for mental health residential treatment services;

   c. A copy of the individual's current or proposed mental health service plan developed by the interagency service planning treatment team, which specifies the goals for the residential treatment, the services to be provided, how those services will achieve the goals, and expected outcomes;

   d. A Plan of Care Summary (see Attachment 7);

   e. A copy of the completed form, Community-Based Mental Health Services – Alternatives to Mental Health Residential Treatment Services (see Attachment 8).

2. The request for prior approval, along with all supporting documentation, must be forwarded to:

   a. Original

      Office of Medical Assistance Programs
      1150 Administrative Waiver Office
      P.O. Box 8044
      Harrisburg, PA 17105

   b. Copies

      1. Administrator of the local County MH/MR Office and, if applicable, the County C&Y Agency or Juvenile Probation Office; and

      2. Area Office of Mental Health (see Attachment 9).

3. The above forms and all supporting documentation must be submitted as soon as possible after the determination is made that mental health residential treatment services are medically necessary. (See

Attachment 10 for guidelines in determining medical necessity.)

a. The request will be date stamped upon receipt by OMAP. A decision to approve or reject the request will be made within 21 days of receipt of a correctly completed package or the request will be deemed approved. The decision will be based on medical necessity for the service, and if residential treatment is more restrictive than is medically necessary, the request will be denied. (See section A.7, below.) OMAP shall conduct a second review of every request for prior authorization in which the initial review indicates that the request should be denied because the service is not medically necessary. This second review will be conducted by the Department's medical consultant. This second review shall not delay the decision or extend the 21-day period permitted for such decisions.

b. Written notification of the decision will be sent to the service provider, prescribing physician ro psychologist, the County MH/MR Office and, if applicable, the County C&Y Agency or the Juvenile Probation Office, the child's case manager, and the child or child's parent(s) or legal guardian(s) no later than the 21st day after receipt of the request.

c. The child or child's parent(s) or legal guardian(s) will also receive notice of the right to appeal a denial of the service.

d. OMAP staff may contact the County MH/MR Office and, if applicable, the County C&Y Agency or Juvenile Probation Office, or the prescribing physician or psychologist to obtain additional pertinent information within the 21-day period.

e. Approved requests will include the effective beginning and ending dates of the approval period. If a child's admission into the residential treatment facility is delayed until after the beginning date originally approved, the prescriber/provider may telephone OMAP, (717) 772-6181, to request a change in the beginning and ending dates. Upon request, the beginning date will be changed to the date of the child's actual admission and the approval period will be extended from the new beginning date. MA funding for the services will be effective on the date the child is actually admitted to the facility.

f. If the Outpatient Service Authorization Request (MA 97) and the supporting documentation are incomplete, OMAP staff will contact the prescribing physician, psychologist or designee by telephone or facsimile within 18 days from receipt of the request. If the child is in the custody of the county C&Y agency and the additional information and/or corrections are administrative rather than medical, OMAP staff will contact the child's assigned case manager instead of the physician, psychologist, or designee. OMAP staff will identify the additional information and/or corrections needed to process the request and will establish a deadline for submission. This telephone or facsimile contact stops the 21-day time period for an OMAP response to the request. OMAP will date stamp the additional information and/or corrections upon receipt, and a decision to approve or reject will be made within 16 days of receipt of the additional information of the request will be deemed approved.

If the prescribing physician, psychologist, designee or, if applicable, the child's case manager fails to submit to additional information and/or corrections by the established deadline, the original request will be denied.

4. Expedited Review Process – There may be a situation when the child is at risk and the child's mental illness or emotional disorder warrants a more expeditious review of a request for residential treatment services. When this situation occurs:

a. The prescriber must submit the proper documentation as described above to OMAP.

b. At the same time, the prescriber must contact the County MH Administrator or designee to request an expedited review, and describe the child's presenting psychiatric status that warrants an expedited review.

c. If the County MH Administrator or designee agrees to the need for expedited review, the County Administrator notifies the Department's OMH Area staff of the request for an expedited review and the reason for the request and a decision is made within one workday whether to approve the expedited review. The Area OMH staff must have a plan for phone coverage to respond to requests whenever the designated staff person is unavailable.

d. If the Area OMH staff agrees to the need for an expedited review, the Area staff contacts OMAP by telephone on the same workday, requesting an expedited review, and faxes a completed copy of the Request for Expedited Non-JCAHO Services (see Attachment 11). If there is no response by either the County MH Administrator or the Area OMH staff within 2 workdays, the prescriber may contact the Area OMH staff.

e. OMAP staff conducts the review within 3 working days of the request from the OMH Area staff and documents the Area staff contact.

A denial of a request for an expedited review applies only to the time frame of the review process and does not affect the decision regarding the medical necessity for the service. If the request for expedited review is denied at any level, the routine prior authorization review process will still take

place and the service request may be approved through that process.

5. Emergency Situations – Residential Treatment Facilities are not the appropriate placement or treatment resource when dealing with a clinical mental health emergency crisis. The purpose of residential treatment facility services is to treat the identified long-term needs of the child.

   If a mental health crisis situation exists, it should be handled through the County MH/MR Office. Mental health services to promote stabilization may be requested through the County MH/MR Office in order to deal with a clinical crisis situation.

   Children in the custody of a county child welfare agency might require immediate placement because of personal or environmental situations. In such non-clinical emergency situations, when the length of time to process a prior authorization of services, even under the expedited review process, would jeopardize the safety or welfare of the child, the child may be placed in a residential treatment facility without prior authorization on the following conditions:

   a. the child has a diagnosed mental illness or severe emotional disorder and is not in a mental health crisis:

   b. the child requires placement to protect his or her safety or welfare; and

   c. the interagency treatment team has recommended treatment in a residential treatment facility.

      Where such "placement pending authorization" is necessary, the prescriber must submit all necessary documentation described in this Bulletin as soon as possible but no later than 20 days following placement of the child. All procedures for prior authorization apply to the request for post authorization. If the request for services is approved, the effective begin date of the approval period will be the date the child was placed in the residential treatment facility.

      If the request for services is denied, or if the required documentation is not submitted within 20 days of placement, OMAP will not make payment. If the required documentation is received within 20 days and the request for services is denied, payment may be sought from the placing CCYA or JPO. Act 148 funds will be available for placements disapproved by OMAP for lack of medical necessity only for a maximum period of 90 days following the date of the denial notice issued by OMAP and only if the placing agency convenes an interagency team within 30 days of the denial to develop an appropriate, less restrictive placement alternative to the residential treatment facility.

6. Reimbursement for residential services shall be approved for no longer than four months at a time for non-JCAHO accredited facilities. If a child is receiving residential treatment services and a provider is requesting continuation of that service, an MA 97 and the other information listed in Section 1, above, documenting the medical necessity for the continuation of mental health residential treatment services, must be submitted no later than 30 days prior to the last date of the previously approved period. Re-authorization of services is subject to the same time periods and information requirements as authorization of initial requests, as well as the criteria stated in Attachment 10, plus a description of services provided, progress toward goals and a discharge plan.

7. If the Department denies authorization of a request for residential treatment services because such services are not medically necessary, too restrictive, or inadequate for the child's needs, OH Area staff and, if applicable, the Regional Office of the Office of Children, Youth and Families will work with the County MH/MR Office and, if applicable, the County C&Y Agency or Juvenile Probation Office, the prescriber and all other members of the interagency service planning team to develop an alternative mental health service plan within 30 days of receiving the denial and to ensure implementation of the plan. The Department shall reimburse those mental health services prescribed or recommended as medically necessary by the physician or recommended as medically necessary by the physician or psychologist, recommended by the interagency service planning team, and approved by the Department as medically necessary.

8. Notification must be made in advance of the discharge in sufficient time to allow the school district to make proper provision for the child's appropriate education placement. Since education of the child will be part of the treatment plan, although not compensable under MA, the provider must notify the local school district where the child will be residing upon discharge from the facility.

B. INVOICING FOR MENTAL HEALTH RESIDENTIAL TREATMENT SERVICES

MA payment for services is contingent upon the provider's receipt of the Program Exception Approval Letter. The Physicians' Invoice or Medical Services/Supplies Invoice (MA 319) must be used for non-JCAHO services. All claims for MA reimbursement for medically necessary services must be supported by documentation in the client's record, including the program Exception Approval Letter, which meets the regulatory requirements of 55 PA Code Chapter 1101. The invoice must be submitted to:

Office of Medical Assistance Programs
P.O. Box 8297
Harrisburg, PA 17105

OMAP shall process claims within 30 days of receipt of a clean invoice.

ATTACHMENTS:

- Attachment A - Principles of Service for Children and Adolescents in Pennsylvania
- Attachment B - Interagency Service Planning Team Procedures and Responsibilities
- Attachment C - Diagnostic and Statistical Manual IV
- Attachment D - Interim Guidelines for Residential Treatment Facilities
- Attachment E - Mental Health Bulletin # 4000-95-01
- Attachment F - MA-97 Outpatient Service Authorization Request
- Attachment G - CASSP Services Plan of Care Summary
- Attachment H - Community Based Mental Health Services - Alternatives to Residential Mental Health Treatment Services
- Attachment I - Office of Mental Health Area Offices, Children's Specialists
- Attachment J - Guidelines for RTF Admission
- Attachment K - Request for Expedited Non-JCAHO RTF Services

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.