MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

	SUBJECT Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services	**BY** Peg J. Dierkers **Peg J. Dierkers, Ph.D.** Deputy Secretary for Medical Assistance Programs
NUMBER:	01-01-05, 29-01-03, 33-01-03, 41-01-02, 48-01-02, 49-01-04, 50-01-03	
ISSUE DATE:	June 1, 2001	
EFFECTIVE DATE:	July 1, 2001	

PURPOSE:

The purpose of this Bulletin is to inform providers of the following changes to policies and procedures that apply to delivery of and payment for three behavioral health rehabilitation ("BHR") services - mobile therapy ("MT"), behavior specialist consultant ("BSC"), and therapeutic staff support ("TSS"):

a. Establishment of a time frame within which BHR services are expected to be provided;
b. Revision of the required frequency of interagency service planning team meetings;
c. Revision of the minimum staff qualifications for TSS workers; and
d. Establishment of minimum training and supervision requirements for TSS workers.

This Bulletin supersedes MA Bulletin 01-94-01 et al., "Outpatient Psychiatric Services for Children Under 21 Years of Age" ("MA Bulletin 01-94-01"), to the extent that the provisions of this bulletin conflict with those in the earlier bulletin. MA Bulletin 01-94-01 otherwise remains in effect.

SCOPE:

This bulletin applies to all qualified enrolled providers approved to render BHR services to Medical Assistance ("MA") recipients under the age of twenty-one, whether in the fee-for-service or the managed care system.

BACKGROUND:

MT, BSC and TSS services were originally added to the MA program Fee Schedule on January 1, 1994, through the issuance of MA Bulletin 01-94-01. The bulletin contains policy and procedural directions that apply to the delivery of these services.

Based on its experience with the BHR service delivery system since the inception of the system in 1993, the Department has concluded that several of the policies and procedures that govern delivery of MT, BSC and TSS services should be revised. The changes are intended to facilitate the prompt delivery of medically necessary services and heighten accountability for the quality of services rendered.

DISCUSSION:

Timeframe for the Delivery of BHR Services

In order for BHR services to be as effective as possible, given the needs of the child, the services must begin promptly after they are prescribed and determined to be medically necessary. Effective July 1, 2001, the Department expects that authorized MT, BSC and TSS services will be initiated no later than sixty days after a parent, guardian, recipient (if fourteen years of age or older), or other person acting with the family's concurrence, requests behavioral health intervention from a county mental health/mental retardation ("MH/MR") program, a behavioral health managed care organization ("BH-MCO") or a BHR service provider, if the request results in a prescription for BHR services. An initial request for service may be made by telephone, in person, or in writing.

The entity to which the request was made should maintain a record of the date of the request. If BHR services are prescribed, members of the Interagency Service Planning Team ("ISPT") should confer with the parent/guardian/recipient at the first ISPT meeting to confirm the date that the parent, guardian, recipient (if fourteen years of age or older), or other person acting with the family's concurrence, first requested behavioral health services and then record the date on the ISPT sign-in/concurrence form.

Each authorized BHR service is expected to begin no later than sixty days after the initial request for services, unless the evaluation prescribes different timeframes. (In the fee-for-service system, MT and BSC services are authorized if the procedures in MA Bulletin 01-94-01 are followed.) Even if not provided, services will be considered to be initiated as authorized within sixty days of the initial request if services are documented to have been offered as authorized within the sixty days and 1) the parent or recipient delays initiation of service, or 2) the amount of service offered is less than authorized and the family agrees that the amount offered is appropriate.

Examples:

1. Twenty hours of TSS services were authorized. When the provider agency called the family to arrange for the twenty hours of TSS services to start within forty days of the request for service, it learned that the family would be on vacation for three weeks. Since the provider agency offered to deliver the authorized level of service within sixty days of the request for service, services will be considered to have been delivered as authorized within the prescribed time frame, even though the services did not begin until after the 60th day because the family was on vacation.

2. Twenty hours per week of TSS services were authorized, but the parents decide that the authorized amount would be too intrusive and are unwilling to accept more than ten hours of TSS per week. If the provider agency delivers ten hours of TSS services per week within sixty days, services will be considered to have been delivered as authorized within the prescribed time frame.

3. Twenty hours per week of TSS services were authorized, but the provider agency has available staff to provide only fifteen hours of TSS per week. When the provider agency informed the parents that it could offer only fifteen hours of TSS services per week and would provide the remaining five hours of service as soon as a TSS worker became available, the family agreed to begin with the fifteen hours per week of service. Even if the fifteen hours per week are initiated within sixty days of the request for service, services will not be considered to have been delivered as authorized within the prescribed time frame.

In order for services to be provided as promptly as possible after a request for service is received, psychological and psychiatric evaluations must be scheduled and conducted promptly after the request for service. Evaluations may not be delayed for any reason, including the possible lack of staff to provide any BHR services that might be prescribed. Evaluations that result in a prescription for services that must be prior authorized must be conducted within sixty days of the intended initiation of services. An unintended delay in service initiation beyond sixty days will not invalidate the authorization, as long as services begin within the authorized service period. In the fee-for-service system, evaluations that prescribe BHR services that do not require prior authorization are valid for up to four months.

A provider should not accept a referral for an evaluation if it is unable to schedule an evaluation promptly. In such cases the provider should refer the family to the county MH/MR office or the BH-MCO for assistance in finding a provider.

Frequency of Interagency Service Planning Team Meetings

Consistent with the principles of the Children and Adolescent Service System Program ("CASSP"), MA Bulletin 01-94-01 established the requirement that an ISPT convene at least every four months to assist in developing and to review the treatment plan and plan of care summary for every child or adolescent for whom MT, BSC or TSS services are prescribed. As described in Attachment A to MA Bulletin 1153-95-01 "Accessing Outpatient Wraparound Mental Health Services Not Currently Included in the Medical Assistance

Program Fee Schedule for Eligible Children Under 21 Years of Age" (Sept. 8, 1995), the ISPT is comprised of the following members: the child (as appropriate); a responsible family member/guardian; a representative of the county MH/MR program; when possible, the prescribing psychologist or psychiatrist; and, if applicable, a representative of the responsible school district, the county children and youth agency or juvenile probation office, other agencies that are providing services to the child, and the recipient's BH-MCO.

The Department established the ISPT as a mechanism to facilitate the communication and collaboration in the development of the child's service plan that are critical to the success of BHR services. Although the Department continues to recognize the importance of the ISPT as a vehicle to obtain input from all agencies and interested parties, experience has shown that formal ISPT meetings are only one means by which ongoing communication and collaboration take place. Therefore, to avoid unnecessary demands that might be associated with the requirement that ISPT meetings be conducted as a condition of authorizing services, the Department is modifying the requirement. In doing so, the Department expects that communication and collaboration in service delivery will continue, either by convening meetings even when not required for service authorization or through more informal means. Providers must maintain a written record of such planning efforts in the child's chart.

Effective July 1, 2001, an ISPT meeting will be required only before BHR services are initiated and annually thereafter unless:

a. any member of the team, including the parent or responsible caregiver, requests that the team convene sooner, based on the needs of the child or adolescent; or
b. the child is receiving (or expected to receive) services from three or more service delivery systems (e.g., mental health, mental retardation, children and youth, juvenile justice, drug and alcohol, education).

For example, ISPT meetings for children who are in school and receiving only BHR services (that is, receiving services from two service delivery systems - education and mental health) must be convened only once in every twelve consecutive months of service authorization periods, unless a member of the ISPT requests that a meeting be convened earlier.

If a new service is prescribed during the twelve-month period after the initial ISPT meeting took place, so that an ISPT meeting would not otherwise be required, then members of the ISPT must provide input, but need not meet, unless a member of the team requests a meeting. ISPT input means evidence of agreement or disagreement from all of the members of the ISPT that had met before services were first authorized, and an explanation for any disagreement.

If any member of the ISPT requests that the team convene more frequently than annually, then the ISPT must be convened and evidence of the meeting submitted with the next service reauthorization request following the request for the meeting.

NOTE: The decision to convene an ISPT meeting more frequently than annually must be based on the individualized needs of each child.

If at any point during the twelve-month period after the annual ISPT meeting was conducted, a third service delivery system is introduced to provide services to a child or adolescent who had been receiving services from only two systems, then the ISPT must be convened and evidence of the meeting submitted with the next service reauthorization request.

For children or adolescents who are receiving services on July 1, 2001, the annual ISPT meeting must be conducted in conjunction with the first reauthorization request submitted after July 1, 2001.

TSS Minimum Staff Qualifications, Training, and Supervision

In MA Bulletin 01-94-01, the Department issued specific staff qualifications for TSS workers. In order to expand the pool of potential applicants available to fill the position as well as to continue to enhance the quality of services provided, the Department is modifying the minimum staff qualifications of a TSS worker and establishing specific initial and ongoing training and supervision requirements. The terms "employment" and "employed" as used in this Bulletin include all types of work arrangements, regardless of the actual employment status of the TSS staff. The requirements therefore apply to all TSS workers, whether agency employees, independent contractors, contract workers, or workers in any other employment status. TSS services provided by staff who do not satisfy the specified minimum qualifications or who have not received the specified minimum training and supervision are ineligible for payment from the Department or a BH-MCO.

Although specifying the minimum qualifications and training and supervision requirements, the Department encourages providers to use their best efforts to hire and retain TSS workers with more education or work experience and to provide training and supervision that exceed the specified minimum. Time spent for training and supervision is included in the MA payment rate and may not be billed, except as specified below.

Staff Qualifications

Effective July 1, 2001, the following persons will be eligible to provide TSS services:

a. Persons with a Bachelor's Degree in psychology, social work, counseling, sociology, education, criminal justice, or similar human service field, with no previous work experience;
b. Persons with a Bachelor's Degree in any other field, with the equivalent of at least one year of full-time paid work experience in a job that involved direct contact with children or adolescents;
c. Licensed registered nurses, with the equivalent of at least one year of full-time paid work experience in a job that involved direct contact with children or adolescents;
d. Persons with an Associate's Degree, or sixty credits toward a Bachelor's Degree, with the equivalent of at least three years of full-time paid work experience in a job that involved direct contact with children or adolescents;
e. Licensed practical nurses, with the equivalent of at least three years of full-time paid work experience in a job that involved direct contact with children or adolescents.

For the purpose of evaluating paid work experience, a "job that involved direct contact with children" is a job such as a position working directly with children or adolescents in the mental health, mental retardation, early intervention, children and youth, juvenile justice, education, drug and alcohol, day care or health systems.

Time for which an individual received a stipend or payment for work experience obtained for educational credit or required for a college degree or professional license may be included in the calculation of either educational credit or paid work experience, but not both.

Examples:

1. As part of the course requirement to earn a college "minor" in special education, a junior history major must complete a semester of a teaching practicum, for which he receives a stipend. Upon graduation, the job candidate has no experience working with children other than the teaching practicum. Because the practicum was required to earn the Bachelor's Degree, it may not be included in calculating the one year of paid work experience that an individual with that degree needs to qualify as a TSS worker.

2. As part of the course requirement to earn a Bachelor's Degree in psychology, a college student who has sixty college credits spends her junior year working as an aide in a children's partial hospitalization program. Because the practicum was not required to complete the sixty credits toward a Bachelor's Degree, it may be included in calculating the three years of paid work experience that an individual with sixty college credits needs to qualify as a TSS worker.

NOTE: Persons who are currently employed as TSS workers and who have the qualifications specified in MA Bulletin 01-94-01 will continue to be qualified to provide TSS services.

Training for New TSS Workers

Persons who are hired to be TSS workers on or after July 1, 2001, and who have no TSS experience must complete the following training, which must be documented in the agency's file:

a. Prior to working alone with children or adolescents, no fewer than fifteen hours of training; and
b. b. Within the first six months of working with children and adolescents, no less than an additional twenty-four hours of training.

The overall training curriculum must include at least the following topics:

a. Professional ethics, conduct, and legal issues, including child protective services and mandated reporting, and confidentiality;
b. Understanding CASSP principles and implementing and supporting those principles in actual clinical practice;
c. The role of the TSS worker in the home, school, and community, including the use of community resources to support the child/adolescent/family;
d. Crisis intervention, behavior management, and safety;
e. Overview of serious emotional disturbance and other behavioral needs in children and adolescents (with particular emphasis on the specific diagnoses of the children/adolescents with whom the TSS staff may be working);
f. Collaboration with families;
g. Normal child/adolescent development;
h. Behavior management skills;
i. CPR, first aid, universal precautions and safety;
j. Documentation skills;
k. Psychotropic medications, including common side effects.

Training for Experienced TSS Workers

Effective July 1, 2001, all TSS workers must receive at least twenty hours of training each year after the first year of full-time or part-time employment as a TSS worker, to acquire additional knowledge of and skills in delivering TSS services. For TSS workers hired before and employed on June 30, 2001, agencies may establish their own schedule of training. The schedule must ensure that all such TSS workers, regardless of when they were hired and how much experience as TSS workers they have, receive at least twenty hours of training by July 1, 2002.

The training must be documented in the agency's file, as described in "Record-keeping," below.

Supervision for TSS Workers

TSS workers who are hired on or after July 1, 2001, whether with or without previous experience, must receive on-site assessment and assistance before working alone with children or adolescents, as follows:

a. Persons who are hired to be TSS workers at any time on or after July 1, 2001, and who have less than six months of previous TSS experience, must receive six hours of on-site assessment and assistance by a qualified supervisor;
b. Persons who are newly hired by an agency to be TSS workers at any time on or after July 1, 2001, and who have more than six months of previous TSS experience, must receive three hours of on-site assessment and assistance by a qualified supervisor.

"On-site assessment and assistance" is assessment and assistance conducted in person by a qualified supervisor while the TSS worker is providing service to a child or adolescent, in at least one of the environments in which TSS services have been authorized to be provided.

NOTE: TSS workers who are employed before July 1, 2001, but who have less than six months of experience are not required to receive the specified initial on-site assessment and assistance, unless they are hired by a different agency.

Example:

A TSS worker who has four months of TSS experience and is working for an agency on July 1, 2001, is not required to receive the specified initial assessment and assistance. If that TSS worker is hired by a different agency one month later, so that she has five months of experience, the worker must receive six hours of initial on-site assessment and assistance. If that same worker is hired by a different agency two years later, with more than two years of experience, she must receive three hours of initial on-site assessment and assistance.

Effective July 1, 2001, all TSS workers must receive ongoing supervision by a qualified supervisor, each week that the TSS worker provides services, as follows:

a. TSS workers employed twenty hours per week or more must receive at least one hour of supervision per week;
b. TSS workers employed less than twenty hours per week must receive at least thirty minutes of supervision per week.

The ongoing supervision must include review and discussion of each child and adolescent in the worker's caseload at least once every month. In addition to discussing each child or adolescent's progress, the supervisory session should review implementation of the treatment plan, including specific interventions; integration of efforts with other professional team members; efforts to collaborate with the family and to apply CASSP principles; outcome of action steps planned in the preceding supervisory session; and projected action steps to the next supervisory session.

The ongoing supervision must include periodic on-site supervision, in addition to office or consultative supervision. The amount of on-site supervision to be provided is to be determined by the supervisor and the agency, taking into account the experience of the TSS worker and the needs of the children and adolescents served by the worker. The purpose of the on-site supervision is to afford the supervisor the opportunity to observe the TSS worker providing services, to assess the worker's performance and to review that assessment with the worker.

In order to be qualified to conduct either the initial assessment and assistance or the ongoing supervision sessions, the supervisor must be 1) a licensed mental health professional or 2) a person with a graduate mental health degree and at least one year of experience either a) in a CASSP service system (employed by or under contract to children and youth services, juvenile justice, mental health, special education, or drug and alcohol, working with children) or b) employed by a licensed mental health services agency or subcontracted agency. Each supervisor may provide supervision to no more than nine full-time equivalent TSS workers.

Record-keeping

It is the responsibility of the enrolled provider to maintain documentation that TSS staff have received the required training, initial assessment and assistance and ongoing supervision. Such responsibility is satisfied if the enrolled provider maintains on-site or has complete and ready access to a written record of the training sessions that includes the following information:

a. the date, time and location of the training;
b. the name of the person that conducted the training and the staff members who participated in the training;
c. the specific topic(s) addressed at the training;
d. one copy of any written materials that were distributed to the participants; and
e. one copy of any written materials that were used during the training, or an explanation that such materials were unavailable because of copyright or similar protections.

Such responsibility is likewise satisfied if the enrolled provider maintains on-site or has complete and ready access to a written record of both the on-site assessment and assistance and the ongoing supervision sessions that includes the following information:

a. the date and time of the session;
b. the location of the session;
c. the exact clock hours spent in the session;
d. a narrative descriptive summary of the points discussed during the session; and
e. the dated signatures of both the supervisor and the supervised TSS worker.

The enrolled provider must make the documentation of training, assessment and assistance, and supervision sessions readily available for review and copying by the Department, or a contractor or other designee of the Department, on request.

REMINDER: Authorization for individualized BHR services other than MT, BSC and TSS may be requested through the program exception process, in accordance with MA Bulletin 1153-95-01, "Accessing Outpatient Wraparound Mental Health Services Not Currently Included in the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age" (Sept. 8, 1995). In the fee-for-service system, the procedures described in that bulletin may also be used to request an adjustment to the MA fee schedule rate for the three services on the Fee Schedule, when the services are unavailable at the fee schedule rate. See id. at pp. 5, 8. Although the fee schedule rate includes administrative expenses such as travel, one of the reasons that may justify an adjustment to the fee schedule rate is that a service is unavailable, particularly in rural areas, because the time spent in travel exceeds the time spent delivering services. In HealthChoices, similar requests may be submitted to the BH-MCO through the procedures established by each BH-MCO.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

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