

**FORMAT FOR SERVICE DESCRIPTION FOR BEHAVIOR SPECIALIST
CONSULTANT-AUTISM SPECTRUM DISORDERS (BSC-ASD) SERVICES
PROVIDED BY LICENSED INDIVIDUALS**

A provider must have a service description (SD) approved by the Office of Mental Health and Substance Abuse Services Children's Bureau and be enrolled in the Medical Assistance (MA) program to bill the MA program for BSC-ASD services. To enroll in the MA program and obtain a provider number, complete the appropriate enrollment application. Application instructions are available at...

You may either submit an SD and enrollment application at the same time or wait for approval of your SD before submitting an enrollment application. If you receive approval of your SD before you submit your enrollment application, you should include in your enrollment application packet a copy of the SD and the notice of approval of the SD. If you have not received approval of your SD before you submit your enrollment application, you should include a note with the enrollment application packet that states that you have submitted an SD to the Children's Bureau for review. Once the SD has been approved, the Children's Bureau will send a copy of the approved SD to the enrollment unit. If you submit an incomplete SD to the Children's Bureau, the Children's Bureau will notify you of the outstanding items that need to be submitted in order to proceed with a review of your SD.

FORMAT

1. Provide your contact information, including name, address, phone number, email, and fax number.

2. Identify your Provider Type.
 - Use PT 11 (Mental Health/Substance Abuse Services Provider), if you are a licensed behavior specialist, licensed social worker, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist.
 - Use PT 19 (Psychologist) if you are a licensed psychologist.
 - All other licensed professionals should contact the Children's Bureau at 717-772-7855 or Ra-ServDescriptions@pa.gov for additional information.

3. Submit a copy of your license.

4. List your educational level, degrees, training, certification, licensing and any other relevant qualifications. Please state whether you have any ongoing training expectations for yourself, and, if so, describe what they are.
5. Provide your MA provider number. If you do not yet have an MA provider number, state that you do not yet have an MA provider number.
6. Provide the name of the service for which you are seeking approval, BSC-ASD services.
7. List the specific county(ies) where you will be providing services. Please do not include counties where you *may* provide services in the future. In addition, please submit information on any communications you have had with the staff from the county(ies) where you intend to provide services about the BSC-ASD services you want to provide. For example, often providers submit letters of support from county MH/ID staff or the CASSP coordinator to show they have had discussions with county staff regarding the services they wish to provide. If you do not submit a letter from county staff, please describe the efforts you have taken to communicate with county staff about the services you intend to provide, including whom you have communicated with in developing this service and what their feedback has been.
8. Describe the target population for this service specifying that children to be served must have an ASD diagnosis. Include the following:
 - Specific age range of children served.
 - Nature of problems to be addressed within the ASD diagnosis.
 - Identify any specialized populations you plan to serve.
9. Describe the goals of this service and how these goals will be achieved. Include the following:
 - A. Mission or purpose of the service, including what the service intends to accomplish and the goals of the service.
 - B. Specific design of the service:
 - Activities, including a daily or weekly schedule, if appropriate, and the number of hours a week of expected contact with the child.
 - Intervention techniques. If the service follows a specific philosophy or treatment approach please provide a brief explanation of the philosophy or treatment approach.
 - Expected outcomes or goals.

*Treatment activities, interventions, and goals are different aspects of a service and each should be clearly described

- If children with comorbid diagnoses will be served, how their needs will be addressed.
- Location of treatment (home, community, school, office).

- How child's progress towards goals will be measured and how child's need for a lesser level of care will be assessed.
- Maximum caseload you will have at any one time.
- Any restrictive procedures that will be used. If no restrictive procedures will be used, please state that you will not be utilizing any restrictive procedures.
 - If you will be using restrictive procedures, please state under what circumstances restrictive procedures will be used, describe the training you have received in the use of restrictive procedures, including the date, source, content, and the length of the most recent training. Your response must be consistent with Medical Assistance Bulletin OMHSAS-02-01, The Use of Seclusion and Restraint in Mental Health Facilities and Programs.

10. Describe how the service will be individualized to each child and family.

- Describe how individualized treatment plans or other behavior plans are developed.
- Explain when interagency planning will occur and who will participate in this planning.
- Explain how a multi-system approach to service delivery will be achieved.

*It is preferable that this response includes activities in addition to the Interagency Service Planning Team (ISPT) meetings.

11. Describe how cultural and ethnic values of the child and family will be considered as part of development and delivery of the service. Include the following:

- How the child's and family's cultural values and concerns will be assessed, and how once assessed, this information will be used in treatment.
- How activities and interventions incorporate cultural traditions or values.
- The training you have received related to cultural competency, including who provided the training.

12. Describe how the service will support the child's integration into the neighborhood or community where he or she lives, attends school, etc. Describe the following:

- How the service facilitates the child's involvement in prosocial activities in the community or at school.
- How the service promotes the ongoing cultivation of new resources and opportunities within the community?

13. Rate: The rate for BSC-ASD services is on the fee schedule.

Additional guidance for submitting service descriptions:

- To avoid confusion, please be sure to use consistent language throughout the SD.
- Please number the pages of the SD for easier reference.
- Each SD is reviewed regarding clinical integrity of the service and for consistency with Medical Assistance Program regulations and requirements.
- Electronic submissions are preferred. While your license and documentation of county and MCO support can be submitted as a PDF, the SD needs to be submitted in WORD format.
- If there is a substantial change in a service that the Office of Mental Health and Substance Abuse Services Children's Bureau has approved, the provider must submit a new SD in accordance with Medical Assistance Bulletin 01-96-11, Procedures for Service Descriptions, prior to implementing the change. What is considered a substantial change to an SD is also discussed in Medical Assistance Bulletin 01-96-11.
- Submit your SD and all supporting materials using the following addresses:

*****electronic submission preferred*****

Send to:

Ra-ServDescriptions@pa.gov

or

DPW, OMHSAS, Children's Bureau
Beechmont Building, 2nd Floor
DGS Annex Complex
PO Box 2675
Harrisburg, PA 17105
Fax (717) 705-8268