



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

NUMBER: 08 – 04 – 05, 09 – 04 – 07, 11 – 04 – 05, 19 – 04 – 03, 31 – 04 – 12	ISSUE DATE: November 30, 2004	EFFECTICE DATE: January 1, 2005
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SUBJECT: Revised Reporting Requirements for Behavioral Health Rehabilitation Services in the HealthChoices Program.

BY:

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BY

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PURPOSE:

The purposes of this Bulletin are:

1. To announce the discontinuation of the reporting requirements for HealthChoices Contractors that were set forth in Medical Assistance Bulletin 00 – 01 – 01 regarding three (3) behavioral health rehabilitation (“BHR”) services, mobile therapy (“MT”) behavioral specialist consultant (“BSC”), and therapeutic staff support (“TSS”), rendered to Medical Assistance (9”MA”) recipients under the age of twenty-one.
2. To confirm the requirement for submission of new reports containing information on the number of hours for which TSS is authorized and for which claims were paid, be submitted on a monthly and semi-annual basis, as previously communicated to HealthChoices Contractors; and
3. To issue a revised Interagency Service Planning Team (“ISPT”) Sign-in/ Concurrence Form.

SCOPE:

This Bulletin applies to all entities that contract with the Department to provide behavioral health rehabilitation services to children and adolescents in the HealthChoices Program.

DISCUSSION:

As a result of the on-going review of the reporting requirements related to the delivery of BHR services, the Department has modified the reporting requirements. As of July 31, 2004, the Provider BHR Services Report and the BHR Services Exception Report need no longer be submitted. Instead, HealthChoices Contractors must submit reports which contain information on the number of hours for which TSS is authorized and for which claims were paid. These reports are described below. In addition, the Department has revised the ISPT Sign-in/Concurrence Form to include the date of the initial evaluation on that prescribed each BHR service.

Monthly and Semi-annual TSS Services Report:

The Department instructed HealthChoices Contractors on January 21, 2004 of modified reporting requirements for TSS services to be submitted beginning February 25, 2004. HealthChoices Contractors will submit the following.

1. A monthly report that contains the following information:
 - For authorization that ended in the month, the total of hours of TSS services authorized for the full authorization period, by county, beginning with January 2003; and

- The total number of hours of TSS services identified above for which claims were paid, by county. This number will be based on claims paid within four (4) months from the last day of the last month of the reported authorization period.

2. Semi-annual reports that contain the above information for 12 months.

Instructions for submission are included in the OMHSAS correspondence of January 21, 2004, a copy of which is included as Attachment 1 *.

Interagency Service Planning Team Sign-in/Concurrence Form:

The Department developed the ISPT Sign-in/Concurrence Form to identify the members of the ISPT and to record agreement or disagreement among team members with planned service intervention, including an explanation for any disagreement. This form was included as an attachment to MA Bulletin 00 – 01 – 01. The form has been revised and is included as Attachment 2 * to the Bulletin.

The revised ISPT Sign-In/Concurrence Form records the date a parent, guardian, recipient (if at least 14 years of age), or other person acting with family's concurrence, first requested behavioral health services, the person who made the request, and the provider, BH-MCO or County to which the request was made. As explained in MA Bulletin 01 – 01 – 05, the members of the ISPT should confer with the parent/guardian/recipient at the first ISPT meeting to confirm the date that the parent, guardian, recipient (if 14 years of age or older), or other person acting with the family's concurrence, first requested behavioral health services.

The Department has revised the ISPT Sign-In/Concurrence Form to include information that will be used to monitor timeliness of service initiation. The following additional fields have been added to the ISPT Sign-In/Concurrence Form:

- Recipient 10 digit identification number:
- Recipient county of eligibility (2 digit numeric); and
- Dates of initial evaluation in which each BHR service was prescribed.

In addition, the Department has identified, on the reverse side of this form, Department points of contact to be used by recipients who are encountering problems in service delivery, after usual avenues of recourse are unsuccessful.

Additionally, the Central (Harrisburg) Field Office telephone number on the reverse side of the ISPT Sign-In/Concurrence Form has been changed.

The revised ISPT Sign-In/Concurrence Form should be used at ISPT meetings held on or after the effective date of this MA Bulletin. Requests for TSS, BSC and/or MT services submitted on or after January 1, 2005, for which an ISPT meeting or input is required, must include the accurately completed revised ISPT Sign-In/Concurrence Form. HealthChoices Contractors must use the attached ISPT Sign-In/Concurrence Form, or a substantially similar form developed by the HealthChoices Contractor.

The fields related to the date of request and date of initial evaluation should be completed for children/adolescents whose initial evaluations were on or after the effective date of this MA Bulletin. The fields should be completed on subsequent ISPT Sign-In/Concurrence Forms, but the information will change only if a new service is prescribed. If the initial evaluation in which a BHR service was prescribed was prior to the effective date of this MA Bulletin, zeroes should be entered in these fields.

An initial evaluation is an evaluation in which each BHR service was first prescribed. If more than one service was prescribed in the same evaluation, the date of that evaluation should be entered in the field for each service that was prescribed. If a particular service was added either by a psychological or psychiatric addendum or by a subsequent evaluation, the date of the addendum or evaluation that added the service should be inserted in the field for that service. If the initial evaluation in which a BHR service was prescribed was prior to the effective date of this Bulletin, zeroes should be entered in the field.

The convener of the ISPT meeting should ensure that a copy of the ISPT Sign-In/Concurrence Form (including the points of contact information on the back side of the form) is provided to the parent/guardian/recipient at the conclusion of the ISPT meeting.

HealthChoices Contractors should modify their existing policies and procedures to reflect these changes to the reporting requirements and the issuance of a revised ISPT Sign-In/Concurrence Form.

OBSOLETE BULLETIN:

COMMENTS AND QUESTIONS REGARDEING THIS BULLETIN SHOULD BE DIRECTED TO:

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