

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 07-05-01, 08-05-04, 09-05-05, 11-05-03, 19-05-01, 31-05-05	ISSUE DATE: June 24, 2005	EFFECTIVE DATE: August 1, 2005
SUBJECT: Psychological/Psychiatric/Clinical Re-Evaluations and Re-Authorizations for Behavioral Health Rehabilitation (BHR) Services for Children and Adolescents with Behavioral Health Needs Compounded by Developmental Disorders			
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PURPOSE:

The purpose of this bulletin is to inform providers that the Department of Public Welfare (Department) is revising the required frequency of comprehensive evaluations to determine the need for Behavioral Health Rehabilitation (BHR) services, as well as the maximum length of the authorization period that may be requested for such services, for Medical Assistance (MA) recipients under 21 years of age with behavioral health needs compounded by developmental disorders, such as autistic disorder and other pervasive developmental disorders.

For this population of MA recipients, this bulletin supersedes the sections addressing frequency of re-evaluations and authorizations published in MA Bulletin 01-94-01, 41-94-01, 48-94-01, 49-94-01, 50-94-01, effective January 1, 1994; MA Bulletin 01-95-11, 17-95-04, 29-95-02, 33-95-03, 41-95-02, 48-95-02, 50-95-02, issued September 8, 1995; and MA Bulletin 01-00-13, 29-00-04, 33-00-03, 41-00-01, 48-00-01, 49-00-04, 50-00-02, issued December 29, 2000, effective March 1, 2001; as well as those sections in the Procedures to Request Prior Authorization and Submit Claims for Behavioral Health Rehabilitation Services Handbook (issued with MAB 08-04-06, effective January 1, 2005).

The changes are effective for evaluations performed and requests for BHR services submitted on and after August 1, 2005, in both the fee-for-service and managed care delivery systems.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program to render BHR services to MA recipients under 21 years of age in both the fee-for-service and managed care delivery systems.

BACKGROUND:

Since the passage of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), MA recipients under 21 years of age with emotional or behavioral disturbances as well as mental illness or mental retardation are eligible to receive a wide range of medically necessary behavioral health services as alternatives to more restrictive residential and psychiatric inpatient services, whether or not the services are covered for adults.

The Department has issued numerous MA bulletins that set forth the policies and procedures that providers are required to adhere to in order to receive MA payment for medically necessary nonresidential behavioral health services provided to MA recipients under the age of 21. Under the procedures set forth in each of those Bulletins, a comprehensive psychological or psychiatric re-evaluation must be conducted at least every four months (for services on the MA Program Fee Schedule) or at least every six months (for services not on the MA Program Fee Schedule) when services are requested after the initial authorization period. Similarly, services may be authorized for up to four months (if on the MA Program Fee Schedule) or six months (if not on the MA Program Fee Schedule).

In July of 2003, the Department convened an Autism Task Force with 12 Subcommittees that recently completed their reports. The Department, through this Bulletin, is addressing three issues of concern that the Task Force subcommittees identified related to BHR services:

1. the frequency of comprehensive evaluations;
2. the length of authorization periods; and
3. the child's treating physician (such as a pediatric neurologist or developmental pediatrician), in addition to psychiatrists or licensed psychologists, having the ability to recommend the services.

DISCUSSION:

Families, clinicians, and advocates agree that documentation supporting the need for BHR services, whether for the initial request or for continuing service requests, must clearly and concisely describe the need for the services and the goals and objectives that the services are designed to address. In addition, the documentation must address the efficacy of the treatment being provided, goals to be achieved by the child, progress made toward goals or lack thereof, and gaps in treatment or unmet needs identified during the course of treatment which may require revision to the treatment plan and subsequent treatment. Stakeholders and the Department agree that the progress is typically so gradual with children with developmental disabilities, particularly in the pervasive developmental disorder spectrum, that more frequent evaluations are redundant in most cases, and annual evaluations would be adequate in most cases. For this reason, the requirement for a comprehensive psychological or psychiatric evaluation and reauthorization every four to six months is being revised for children and adolescents with behavioral health needs compounded by developmental disorders, such as autistic disorder and other pervasive developmental disorders.

In addition, the Department will place an increased emphasis on the importance of an individualized comprehensive treatment planning process. A comprehensive evaluation or re-evaluation by a psychiatrist, licensed psychologist, or physician with expertise in the diagnosis and treatment of the disorder being treated will be required at the initiation of treatment. Thereafter, comprehensive re-evaluation and re-authorization will be required once every 12 months, unless a family member or a treating professional believes that a re-evaluation is necessary sooner in order to adequately address the child's needs. This revised requirement is not intended to reduce the clinical oversight of BHR Services. The Department expects that the treatment team remains aware of the child's behavioral health needs on an on-going basis and is actively involved in the assessment of the appropriateness of the treatment based on clinical need.

PROCEDURE:

Effective August 1, 2005, for children and adolescents with behavioral health needs compounded by developmental disorders such as autistic disorder or other pervasive developmental disorders, evaluations may include a recommendation that BHR services be authorized for up to twelve months if the nature of the disorder is such that the medical necessity for the level of care is expected to continue throughout the authorization period. This flexibility is designed to acknowledge the expected pace of response to treatment for some children, particularly children with behavioral health needs compounded by developmental disorders, such as autistic disorder and other pervasive developmental disorders.

Even for those cases where a longer period of service delivery is authorized, the treatment team, including the parents and other involved professionals and possibly community resources and/or natural supports, will meet on an ongoing basis, as determined by the clinical needs of the child, to review and revise the treatment plan as necessary.

If during the course of treatment the treating provider recommends a change in service, the treatment team should convene. If the treatment team agrees with a reduction in service after an evaluation, the service may be reduced. If the level of service is reduced during the authorization period, the recipient or responsible adult will receive a notice specifying the services authorized and reasons for the reduction, and the opportunity to file a grievance or request a fair hearing.

The treatment team has the option, but is not required, to request a re-evaluation when there is a change in circumstances to determine whether the changed circumstances warrant a change in the level of services provided. If a new service or an increase in the level of service is sought, a new evaluation is required. If the need for Summer Therapeutic Activities Program is identified during the authorization period, an addendum, rather than a complete evaluation, may be used to request the service.

When the need for a re-evaluation is identified by the treatment team, or requested by any member of the treatment team, before the end of the authorization period and the re-evaluation recommends that the same level of service continues to be needed, a reauthorization request is not required. If the re-evaluation recommends a new service or an increase in the level of service, a reauthorization request must be submitted.

The documentation requirements for initial requests and reauthorization requests specified in the other bulletins continue to apply as modified by this bulletin. The Treatment Plans and Plan of Care Summaries, as well as the Interagency Service Planning Team (ISPT) Sign-In/Concurrence Forms, as specified in MA Bulletin 08-04-06, 09-04-08, 11-04-06, 19-04-04, 31-04-13, need not be submitted until the re-authorization request is submitted, but must be kept in the clinical record and available for review as requested by the Department or Behavioral Health Managed Care Organization (BH-MCO). Each of the Treatment Plans, Plan of Care Summaries, and ISPT Sign-In/Concurrence Forms that were developed since the most recent reauthorization must be submitted with the new reauthorization request.

If a BH-MCO or the Office of Medical Assistance Programs (OMAP) conducts a concurrent review of BHR services during the authorization period, it may not propose a reduction or termination of services on the basis that the child's condition is improving, or the child's condition is not yet improving. A BH-MCO or OMAP may reduce or terminate authorized services only if it can clearly demonstrate, on the basis of clinical evidence, that a substantial change in circumstances renders the authorized services no longer medically necessary. As with all reviews of authorization requests, a decision to reduce or terminate services may only be made by a physician or psychologist with demonstrated expertise in the child's diagnosis. At any grievance or fair hearing disputing a proposed reduction or termination of services before the end of an authorization period, the BH-MCO or OMAP must show that such a qualified provider determined, based on clinical evidence, that the authorized services are no longer medically necessary because of a substantial change in circumstances.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Call the appropriate toll free phone number for your provider type or your BH-MCO.

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