



MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

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January 1, 2005

SUBJECT: Discontinuation of the Provider Behavioral Health Rehabilitation Services Reports and Issuance of the Behavioral Health Rehabilitation Services Provider Handbook, which contains a revised Interagency Service Planning Team Sign-In/Concurrence Form

BY:

A handwritten signature in black ink, appearing to read "David S. Feinberg".

David S. Feinberg
Deputy Secretary for Medical Assistance Programs

PURPOSE:

The purposes of this bulletin are:

- To announce the discontinuation of the requirement that Provider Behavioral Health Rehabilitation (BHR) Services Reports be submitted with requests for prior authorization of Therapeutic Staff Support (TSS) services under the fee-for-service delivery system;
- To issue a revised Interagency Service Planning Team Sign-In/Concurrence Form; and
- To notify providers of the issuance of the **Behavioral Health Rehabilitation Services Provider Handbook** attached to this Bulletin and located in the Provider information section of the Office of Medical Assistance Programs' website at <http://www.dpw.state.pa.us/omap>.

This bulletin renders obsolete Medical Assistance (MA) Bulletin 01-01-06 et al. "Revision to Prior Authorization of Therapeutic Staff Support (TSS) Services," issued June 1, 2001, effective July 1, 2001.

SCOPE:

This bulletin applies to all qualified enrolled providers approved to render TSS, Mobile Therapy and Behavioral Specialist Consultant services to MA recipients under 21 years of age under the fee-for-service (FFS) delivery system. The provisions of this bulletin do not apply to BHR services provided by enrolled providers under the behavioral health managed care delivery system. Providers seeking information on BHR services under the managed care delivery system should contact the individual behavioral health managed care organization.

BACKGROUND:

In MA Bulletin 01-01-05 et al. "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant, and Therapeutic Staff Support Services," issued June 1, 2001, and effective July 1, 2001, the Department announced several policy

and procedural revisions related to the provision of BHR services and the required frequency of Interagency Service Planning Team (ISPT) meetings. MA Bulletin 01-01-05 set forth requirements related to the expected timeframe for the initiation of BHR Services.

Additionally, on June 1, 2001, the Department issued MA Bulletin 01-01-06 et al. "Revision to Prior Authorization of Therapeutic Staff Support (TSS) Services," effective July 1, 2001, which informed enrolled providers of submission requirements related to Provider BHR Services Reports with requests for prior authorization of TSS services and provided revisions to the ISPT Sign-In/ Concurrence Form.

DISCUSSION:

As a result of ongoing review of the reporting requirements related to the delivery of BHR services, the Department has determined that providers will no longer be required to submit Provider BHR Services Reports and has made changes to the ISPT Sign-In/ Concurrence Form. Attached to this MA Bulletin is the **Behavioral Health Rehabilitation Services Provider Handbook**.

Provider BHR Services Report

Effective with the date of this MA Bulletin, the Department will no longer require providers to submit Provider BHR Services Reports with requests for TSS Prior Authorization.

Interagency Service Planning Team Sign-In/Concurrence Form

In MA Bulletin 01-01-06, the Department issued a revised ISPT Sign-In/Concurrence Form that contained a field to record the date a parent, guardian, recipient (if at least fourteen years of age), or other person acting with the family's concurrence, first requested behavioral health services; the person who made the request; and the BHR service 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 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. In addition, the Department added, on the reverse side of the form, Department points-of-contact to be used by recipients who are encountering problems in service delivery after usual avenues of recourse are unsuccessful.

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.

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 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. The ISPT Sign-In/Concurrence Form may not be altered.

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. These 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 not prescribed, zeroes should be entered for that field. 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.

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

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.

As required by 55 Pa.Code § 1101.67(a), in order to ensure timely processing of prior authorization requests for TSS services, providers are to refer to the requirements set forth in the Behavioral Health Rehabilitation Services Provider Handbook.

PROCEDURE

The new **Behavioral Health Rehabilitation Services Provider Handbook** is attached to this MA Bulletin and is available at <http://www.dpw.state.pa.us/omap>. Providers should carefully review the Handbook.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free telephone number for your provider type.

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