

	MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN		
	COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
NUMBER: OMHSAS-03-01	ISSUE DATE: July 1, 2002	EFFECTIVE DATE: July 1, 2003	
SUBJECT: Community Support Services Fee Schedule	BY:  Joan L. Erney, JD Deputy Secretary for Mental Health and Substance Abuse Services		

SCOPE:

County MH/MR Programs
Mental Health Community Support Service Programs

BACKGROUND:

Since the implementation of the Community Support Services of Intensive Case Management (ICM), Resource Coordination (RC), Family Based Mental Health Services (FBMHS), and Mental Health Crisis Intervention (MHCI) the rate setting process has been an annual negotiation occurring each fiscal year between provider and county with negotiated rates being submitted to the Department of Public Welfare (DPW), Office of Mental Health and Substance Abuse Services (OMHSAS) for final approval. At the end of each fiscal year, the Bureau of Financial Operations then performed a cost settlement of each program.

As, the range of rates, counties and providers were given the option to extend their existing rates from one fiscal year into the next fiscal year. Many counties and providers took advantage of this opportunity. When the HealthChoices program was established, counties were given the option to reimburse providers at the managed care organization's approved rates for all clients served in their county. Again, in the interest of prioritizing staff resources, this option was the option of choice for many counties and providers. Finally, as each county becomes part of the HealthChoices program, we have discontinued the cost settlement process for these services in fee-for-service since they are almost completely supported by managed care capitation funds in Medical Assistance and not fee-for-service funding. The progression of these services over the years brought OMHSAS to the point of implementing a statewide fee schedule for each of these services.

Effective July 1, 2003, this bulletin extends the fee schedule which was published in OMHSAS-01-02 (for ICM, RC & FBMHS) and OMHSAS-01-03 (for MHCI) and modifies the requirements for future reimbursement of these services.

Effective July 1, 2003, the Office of Mental Health and Substance Abuse Services will enforce a department established fee for each service. No cost settlement process will be available through the Department. Providers who render services to Medicaid eligible consumers will receive reimbursement of the federal share of the department established fee through MAMIS. A county or BH-MCO who wishes to reimburse a provider at a rate other than the department established fee, may do so. Documentation to support the need for reimbursement at a rate other than the departmental established fee should be held in the county. No adjustment will be made to the federal share of participation. **If the same payment is to be made for non-MA consumers, counties must submit a request for waiver of 4300.115b to Mike Stauffer, Office of Administration.**

When a new provider is included in a county plan, the county must notify the Department in writing of their intent to support the program under county funding, MA fee-for-service funding and/or HealthChoices funding. Notification should be part of the provider's enrollment application which will follow their licensing survey.

When an existing provider expands service to be included in a subsequent county plan, the county must notify the Department in writing of their intent to support the program under county funding, MA fee-for-service funding and/or HealthChoices funding. Additional site operations will be considered "satellites" of the base program. A single site survey

approval and/or license will be permitted. Notification of license should be included with the "intent to support" notification discussed above. **In the event expansion is planned within a MHCI program, multiple enrollments will need to occur to accommodate the pricing of service components and distinction in Metropolitan Statistical groupings of counties.**

Based upon the changes out lined above, we will discontinue the use of the following types of service and procedure codes effective 6/30/03.

Provider Type	Type of Service	Procedure Code/Name
32	RE, BF	W7012 - Intensive Case Management
32	RE, BF	W7013 - Resource Coordination
32, 48	RE, BF	W7019 - MH Service During Psych. Inpt. Adm.
32, 48	RE, BF	W7020 - MH Service During Non-Psych Inpt.
48	RE, BF	W7014 - Team Mbr with Consumer Only
48	RE, BF	W7015 - Team Mbr with Family of Consumer
48	RE, BF	W7016 - Team Mbr w Collaterals and/or other
48	RE, BF	W7017 - Team with Family and/or Consumer
48	RE, BF	W7018 - Team with Collaterals and/or other

1, 2003, all providers, counties and plans should use the types of service and procedure codes on the department established fee schedules when they are billing, reimbursing and reporting these services. Click here for Department established fee schedules

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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