MENTAL HEALTH BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
6/23/95	7/1/95	OMH-95-09

SUBJECT	BY
MENTAL HEALTH CRISIS INTERVENTION (MHCI) FEE SCHEDULE	Ford S. Thompson Deputy Secretary for Mental Health

SCOPE: County MH/MR Programs
Mental Health Crisis Intervention Providers

BACKGROUND:

Mental Health Crisis Intervention (MHCI) Services became available as a Medical Assistance funded service on October 1, 1992. To date, 18 counties chose to participate in this initiative. The complexity of the rate-setting process and the productivity requirements associated with developing the rate reportedly limits expansion of the service. For enrolled programs, the variance in rates is great. The Department recognizes the need to standardize the rate-setting process, and to set a ceiling on the amount of reimbursement for the MHCI services.

POLICY:

On July 1, 1995 a Medical Assistance fee schedule for MHCI services will go into effect. The fee schedule is attached to this Bulletin as Attachment I. Any county which identifies a new provider initiating service on or after July 1, 1995 must use the fee schedule as the maximum amount of Departmental participation (both state and federal) in the reimbursement of services provided.

PROCEDURE:

On or before April 1 of each fiscal year, the Office of Mental Health, Medicaid Operations Section, will notify all providers and counties of the maximum amount of Departmental participation to be paid effective July 1 of each fiscal year. Rates will be in effect for the full fiscal year.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Area Directors

Each county evaluates services provided at the published level and determines whether providers shall be reimbursed at that maximum level of reimbursement. The contract between the county and the provider should specify the rate of reimbursement and the services to be provided. If the county is reimbursing at a level lower than the published fee schedule, it will be at the discretion of the county to entertain rate changes. If negotiation is permitted, no provider may exceed the published fee schedule. The published fee schedule represents the maximum amount of Department participation (both state and federal) and therefore, no additional state or federal funds may be made available. Approved rate changes will have an effective date determined by the Office of Mental Health, Medicaid Operations Section. No effective date will be granted retroactively.

In the event a county will be reimbursing at a level lower than the published fee schedule, the county must notify in writing the Office of Mental Health of the actual fee by May 15 for the next fiscal year. The mailing address is:

Department of Public Welfare
Office of Mental Health
Room 502, Health & Welfare Building
Harrisburg, PA 17120
Attention: Medicaid Operations Section

The county must send copy of this notification to the provider and to the Area Office. Upon receipt of the information, the Office of Mental Health, Medicaid Operations Section, will update the provider payment file and notify the provider of its authorization to bill for the specified time period. The Medicaid Operations Section will notify the applicable Bureau of Area Operation and the county. If notification is not received by May 15, the Office of Mental Health will assume full county support of the published fees and will proceed with the notification process to inform providers, counties, and Bureaus of Area Operation.

IMPLEMENTATION AND PHASE-IN:

Providers which are operational and enrolled in Medical Assistance for the state fiscal year (FYI 94-95 (July 1, 1994 through June 30, 1995) ar before, have two years to comply with the fee schedule. Rates currently approved which exceed the fee schedule will be reduced 25% for FY 95-96 and, if necessary, an additional 25% for FY 96-97 to come into compliance with the fee schedule in effect July 1, 1997. The final adjustment may vary. Counties may also choose to have all providers comply with the fee schedule on July 1, 1995. The Bureaus of Area Operation shall review and approve the county's plan for MNCI providers to comply with the fee schedule.

If a provider's costs are lower than the established fee schedule, the county must notify the Office of Mental Health, Medicaid Operations Section, of the actual fee to be reimbursed to the

provider. All providers enrolled and delivering services during FY 94-95 are required to settle to actual costs for FY 94-95 as directed by the DPW Bureau of Financial Operations.

Provider agencies which comply or invoice for service at or below the fee schedule rate as of July 1, 1995 will net be required to participate in the cost settlement process far FY 95-96, Providers which exceed the maximum fee schedule rate will be required to settle to cost until they are reimbursed at the published level of reimbursement, effective July 1, 1997.

FY 95-96: Based on Attachment 1 and the rates approved for FY 94-95, adjustment will be made downward by 25% for all rates that currently exceed the maximum established rates. Notification will be made to all counties by May 1, 1995 of the rates in effect for all currently approved services in their county. Effective May 15, 1995, the Office of Mental Health, Medicaid Operations Section will notify all counties of reimbursement rates lower than the fee schedule and all fee schedule reimbursement rates. Additionally, notification will be made to a11 providers.

As part of the cost settlement process, counties in which providers use the "phase-in" process to meet the fee schedule will be required to complete a cost settlement for those providers.

FY 96-97: The FY 95-96 fee schedule will be adjusted based on the Consumer Price Index, Schedule W, and the availability of state funds. All FY 95-96 rates will be compared to the fee schedule and again adjusted downward by a maximum of 25% if rates exceed the maximum. Notification will be made to all counties by April 1, 1996. At that time counties will determine their ability to participate in the fee- scheduled rates and follow the procedures outlined above. Office of Mental Health, Medicaid Operations Section, will notify all providers of the reimbursement rates for FY 96-97. Any counties in which providers are not within the limits of the fee schedule will be required to complete a cost settlement for those providers.

FY 97-98: The FY 96-97 fee schedule will be adjusted based on the Consumer Price Index, Schedule W, and the availability of state funds. All FY 96-97 rates will be compared to the fee schedule and adjusted downward by whatever amount is necessary to comply fully with the fee .schedule. Notification of all providers will occur. These will be no cost settlement for MHCJ services.

FY 98-99 and forward: The fee schedule in effect each May 1 will be adjusted based on the Consumer Price Index, Schedule W, and the availability of state funds. Notification of all providers will occur.

MENTAL HEALTH CRISIS INTERVENTION
Fee Schedule
FY 9596

Telephone Crisis (Unit of Service - 15 minutes)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
$ 9.83	$ 9.36	$ 8.91	$ 8.48

Walk-in Crisis (Unit of Service - 15 minutes)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
$ 14.75	$ 14.04	$ 13.37	$ 12.72

Mobile, individual (Unit of Service - 15 minutes)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
$ 19.62	$ 18.68	$ 17.79	$ 16.92

Mobile, Team (Unit of Service - 15 minutes)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
$ 29.43	$ 28.02	$ 26.69	$ 25.38

Mobile, Medical (Unit of Service - 15 minutes)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
$ 53.02	$ 50.37	$ 47.85	$ 45.46

In-Home Support (Unit of Service - 1 hour)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
$ 7.50	$ 7.13	$ 6.77	$ 6.43

Residential (Unit of Service - 8 hours)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
$ 84.22	$ 80.01	$ 76.01	$ 72.21

GROUP 1 = Allegheny, Beaver, Bucks, Butler, Chester, Delaware, Fayette, Montgomery, Philadelphia, Washington/Greene, Westmoreland

GROUP 2 = Berks, Carbon/Monroe/Pike, CMSU, Cumberland/Perry, Dauphin, Erie, Lancaster, Lebanon, Lehigh, LSW, Luzerne/Wyoming, Northampton, York/Adams

GROUP 3 = Bedford/Somerset, Blair, Cambria, Centre, Lyc/Clin, Mercer

GROUP 4 = Armstrong/Indiana, Bradford/Sullivan, CEM, Clarion, Clearfield/Jefferson, Crawford, Forest/Warren, Frank/Ful, HMJ, Lawrence, Northumberland, Potter, Schuylkill, Tioga, Venango

* Groupings are based on the Metropolitan Statistical Area (MSA) as published by the Executive Office of the President, Office of Management and Budget, OMB 93-05, effective 12/31/92.