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SUBJECT: Summer Therapeutic Activities
Program (STAP)

BY:



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SCOPE:

This bulletin applies to providers eligible to deliver Summer Therapeutic Activities Program (STAP) in the Fee-for-Service (FFS) and the behavioral health managed care delivery systems.

PURPOSE:

The purpose of this Bulletin is to clarify programmatic expectations for STAPs and to provide direction to providers for developing and operating STAPs, to reiterate the services that are allowable for payment by the Medical Assistance Program, to update the format for STAP service descriptions and to clarify the staffing requirements and role of director/supervisor and unit director/supervisor.

BACKGROUND:

MA Bulletin 50-96-03 titled "Summer Therapeutic Activities Program" issued and effective April 25, 1996, notified providers that STAP was being added to the MA Program Fee Schedule and established the procedures for accessing these services, including the requirements for submission and approval of service descriptions by the Department of Public Welfare (DPW). MA Bulletin 08-04-07 titled "Revision to the Summer Therapeutic Activities Program Annual Service Description Submission Requirement" issued December 23, 2004 and effective January 1, 2005, modified the procedure by eliminating the requirement that all STAP service descriptions be approved annually. In accordance with MA Bulletin 50-96-03, MA Bulletin 1153-95-01 applies to any STAP that seeks a rate that is higher than the fee schedule rate or

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OMHSAS Bureau of Children's Behavioral Health Services at 717-705-8289**

that otherwise deviates from the requirements of MA Bulletin 50-96-03. The Office of Mental Health and Substance Abuses Services (OMHSAS) is issuing this Bulletin to provide additional direction on the overall program design of STAP and to reiterate that the design and interventions (including activities) are to be specifically focused on the mental health goals and treatment needs of the population being served.

Unless otherwise stated in this bulletin, the existing STAP bulletins continue to apply.

DISCUSSION:

STAP was designed for youth who can benefit from a group intervention through the use of the three core services set forth in MAB 50-96-03. The objective of this bulletin is to promote accountability for services by giving guidance to providers, including guidance on the need for the STAP to more clearly demonstrate the link between the mental health treatment plan goals of each child and the goals of the groups and activities which are provided in STAP. This link has not always been clear from the service descriptions submitted to OMHSAS.

SERVICES:

MAB 50-96-03 identifies three core services: child-centered interventions, including individual and group therapy; structured therapeutic activities; and community integration activities. A STAP must plan core services specific to youth's mental health treatment plan needs and describe in the service description how the core services will address the unique mental health needs of the identified target population. If a Functional Behavior Assessment has been conducted that information should also be utilized in considering how to best meet the unique mental health needs of the youth. In addition, providers must not only describe how staff will react to the behaviors of the youth they serve but also how the treatment and strategies of STAP are planned to minimize the likelihood of youth exhibiting challenging behaviors.

Services provided in the STAP should be outcome driven and have a clear mental health treatment focus. Providers may find it helpful to utilize research and efficacy studies, including evidence-based practices, to design their programs.

If a provider wishes to include additional activities beyond the core services which are not considered mental health treatment, those activities should be included in the service description, along with a statement that those activities will not be billed as part of STAP. An example of such an activity is a kickball game which provides the participants in the STAP with a break and an opportunity to move around. This activity may meet the developmental needs of the youth served and fit well in the provider's design of the STAP because it allows for a break between treatment groups, but it is not intended to address the mental health treatment needs of the youth served. As such, and even if staff are available to respond to the needs of the youth during this activity, it is not considered mental health treatment.

Service descriptions should detail the core services provided to the population served and the group and individual interventions to be provided. Service descriptions should include the skills and strategies to be learned; the manner in which skills will be taught, practiced, and

generalized to other environments; as well as the feedback given to the youth, the caretaker, and the payment source, regarding progress.

Core services, with the exception of individual interventions, should be provided in a group format. Designing a group necessitates that the participants chosen will have similar diagnoses and be of a similar age and functioning level. Groups are to include content and activities that match the children's mental health goals in their individual treatment plans.

Most groups can be expected to have four steps: 1. Introduce the topic for the day and its importance, in relation to the individual's mental health treatment plan goals; 2. Give some content explaining the subtopic, or model a skill related to the treatment plan, which is to be learned; 3. Give the participant practice in the skill; 4. Talk with each participant about how the participant did, what he/she learned, and how and when what was learned might be used outside of the group.

The above "four step" group (sometimes referred to as a psychoeducational group) is not the only group model that can be used during STAP. STAP can also provide traditional group therapy or community meetings, where the staff and youth prepare for, or "wrap up" a day.

Regardless of the specific group model, each group must have a topic and structure that addresses the youths' mental health needs, and goals for the group. The provider must explain in the service description how the size of each group, the assigned staff and their qualifications, and the structure of the program will meet the treatment plan needs of the population served. The provider must also include in the service description the number of sessions and when each group will be conducted.

Community integration and structured therapeutic activities that are included in the STAP must be specifically designed to address each youth's mental health treatment goals and must be embedded in the overall design and goals of the STAP. If the service description includes community integration and structured therapeutic activities that do not meet these criteria, these activities will not be approved or eligible for MA payment.

MA Bulletin 50-96-03 addresses the expectation for families to be involved in STAP and each youth's treatment. STAP service descriptions must explain how the design of the program addresses family involvement. This will include strategies for eliciting family/caregiver participation and an explanation of how the provider will address barriers that limit family/caregiver involvement.

STAP will be limited to the amount of treatment the youth population served can assimilate in one time period, which is generally no more than 3 hours per day for most ages and developmental needs. In addition, STAP is not generally considered appropriate for preschool children as STAPs are highly focused, often self-reflective experiences which are not suited to the cognitive, emotional or physical developmental level of the younger child.

STAFFING:

MA Bulletin 50-96-03 identifies units of either 1-12 youth or 13-18 youth and the minimum staff requirements for each unit. Units may or may not be reflective of the group composition needed to provide the core STAP services. It is understood that staff ratios and group size will change depending on the mental health intervention that is being delivered. These variations should be described in the service description. To the extent units are designed to meet different needs or populations that would require different program design, providers should submit separate service descriptions for each unit.

MA Bulletin 50-96-03 states that a mental health professional (MHP) that is a unit director/supervisor must have a graduate degree in a mental health field and two years of clinical experience. A MHP who is not a unit director/supervisor must have a graduate degree in a mental health field and one year of clinical experience. If the role of the MHP is to provide individual or traditional group therapy or provide clinical responsibility for a unit, or clinical supervision, the graduate mental health degree must include clinical training and a clinical practicum.

A MHP is responsible for the design and development of the groups. Traditional group therapy requires the skill and training of a MHP, therefore only a MHP may lead this type of group. A mental health worker (MHW) may assist in conducting a traditional therapy group. The MHW may lead a community meeting or the "four step" group under the direction of the MHP. The oversight process of all groups, whether led by MHP or MHW, must be described in the service description.

A director/supervisor as described in MA Bulletin 50-96-03 is the STAP director. This position may oversee multiple STAPs. The provider must include in the service description the type of supervision this position will provide. The STAP director's qualifications must be commensurate with his or her duties. If a STAP director is not providing clinical direction or supervision to the STAP, the director does not need to be a MHP.

OUTCOMES:

In order to ensure the youth is reaching the measurable goals and objectives that, as stated in MA Bulletin 50-96-03, must be in the youth's treatment plan, providers are expected to assess each youth's progress throughout the STAP and update the treatment plans as needed, as well as gather data on the severity and frequency of behaviors and symptoms on at least a pre and post-STAP basis.

STAP providers are also expected to administer a standardized outcome assessment for each youth, which is to be analyzed in the aggregate, to assess the impact of services. Providers are expected to use the aggregate data to evaluate program design and the overall success of various interventions, in order to make appropriate modifications and improvements to the STAP. The provider may also utilize other quality improvement initiatives, such as child and family satisfaction surveys, to assess the success of the STAP. The data and its analysis should be maintained by the provider, and made available to OMHSAS or its designee upon request.

PROCEDURE:

As stated in MAB 08-04-07 "Revisions to the 'STAP' Annual Service Description Submission Requirement": "If there are any changes to the most recently approved STAP service description, including a request for a fee above that on the MA fee schedule, a new service description must be submitted to the Department for review and approval." Providers who have made any changes to their STAP from the most recently approved STAP service description must submit a new service description utilizing the format attached to this Bulletin.

The service description format has been reorganized but the same information is still required. It also provides additional explanation of the contents of each of the required sections, and examples of both a daily and weekly schedule and a group curriculum session.

In order to allow for adequate review time, providers must send a complete service description packet to the OMHSAS Children's Bureau for review and approval at least 60 days prior to the opening of the program, and before services are provided.

For Providers who have made no changes to their STAP from the most recently approved STAP service description, OMHSAS, or its designee, will be taking steps, including conducting on-site reviews, to ensure the STAP is operating in accordance with the approved service description.

The OMHSAS Children's Bureau will work with the provider during the service description review process. If the OMHSAS Children's Bureau disapproves a service description, the provider may submit a revised service description, addressing the reason the service description was disapproved, for review and approval before the program begins. The provider must attach a cover letter identifying the service description as a revision to a previously disapproved service description, and identifying the changes which have been made.

Service descriptions should be sent to:

PO Box 2675
Harrisburg, PA 17105

ra-ServDescriptions@pa.gov

PAYMENT FOR SERVICES:

The following activities may not be billed as part of STAP:

- Time spent doing, attending or participating in purely recreational activities
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide or an academic tutor
- Hours when a child is attending an Extended School Year Program provided by the Department of Education
- Habilitation Services
- Services provided as a substitute for the parent or other adults responsible for providing care
- Personal care services
- Respite care
- Transportation for the child or family
- Services that have not been rendered
- Services not identified on the child's treatment plan
- Services not in compliance with Chapters 1101 and 1150
- Services provided to parents, siblings, or others to address issues not directly related to the child's issues and not listed on the child's treatment plan
- Services provided that are not within the provider's scope of practice
- Anything not included in the provider's approved service description
- Changes made to a STAP that do not follow the requirements outlined in MA Bulletin 01-96-11 "Procedures for Service Descriptions"

ATTACHMENTS:

Service Description Format with attachments