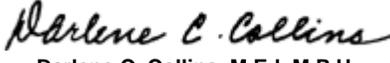


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Summer Therapeutic Activities Program	BY  Darlene C. Collins, M.Ed., M.P.H. Deputy Secretary for Medical Assistance Programs
NUMBER:	50-96-03	
ISSUE DATE:	April 25, 1996	
EFFECTIVE DATE:	April 25, 1996	

PURPOSE:

The purposes of this bulletin are to notify providers that the Office of Medical Assistance (MA) Programs is adding summer therapeutic activities program to the MA Program Fee Schedule and to issue the MA procedures concerning these services.

SCOPE:

This bulletin applies to all provider type 50's enrolled in the Medical Assistance Program that provide enhanced mental health services.

BACKGROUND:

Effective January 1, 1993, the Office of MA Programs issued MA Bulletin 01-93-03, 29-93-02, 33-93-02, 41-93-01, and 48-93-01. This bulletin provided interim procedures for accessing outpatient mental health services not currently included in the MA Program Fee Schedule for eligible children under 21 years of age.

Effective September 8, 1995, the Office of MA Programs issued MA Bulletin 1153-95-01. This bulletin provided the final requirements and procedures for accessing mental health wraparound services for children under 21 years of age.

These MA Bulletins authorized reimbursement of summer therapeutic activities programs, previously known as "therapeutic summer camp services", approved through the 1150 Administrative Waiver process.

DISCUSSION:

Summer therapeutic activities programs are available to children under the age of 21 with serious emotional disturbances based on both the individualized needs of the child and the medical necessity justification for the services using the DSM IV, Axis I-V. Since 1993, the Department has received numerous requests for these types of services through the 1150 Administrative Waiver process. Because of the large number of requests for these services, the Office of MA Programs is adding summer therapeutic activities program to the MA Program Fee Schedule.

The requirements of this bulletin govern all Summer Therapeutic Activities Programs, including those previously approved as therapeutic summer camp services or other similar services. Effective with this bulletin, providers must submit **annually** to the Office of Mental Health a service description that describes the summer therapeutic activities program. All summer therapeutic activities programs must be consistent with the principles of Pennsylvania's Child and Adolescent Service System Program (CASSP).

After the Department approves the service description for a program, the provider will no longer need to request approval through the 1150 Administrative Waiver Process for each child for whom a summer therapeutic activities program is prescribed. The provider may bill for summer therapeutic activities program off the fee schedule, consistent with the requirements of this bulletin.

MANAGED CARE PROGRAMS

Health Maintenance Organizations (HMOs) are responsible for providing summer therapeutic activities programs to children enrolled in those organizations. Requests for summer therapeutic activities programs are to be made through the HMO or other managed care program according to each organization's normal procedures.

HealthPASS is not responsible for summer therapeutic activities programs. Providers treating children enrolled in HealthPASS should submit claims for summer therapeutic activities programs to the fee-for-service program.

DESCRIPTION OF SUMMER THERAPEUTIC ACTIVITIES PROGRAM:

Services

Summer therapeutic activities programs provide a range of age appropriate specialized therapies (defined as art, music, dance and movement, play, recreational or occupational therapies which require appropriately qualified staff: see Staffing Requirements) and/or therapeutic activities (defined as the more traditional structured therapeutic group activities designed to aid in the development of interpersonal relationship, daily living, decision-making, problem-solving and coping skills which requires appropriately qualified staff: see Staffing Requirements). These services are generally provided in an outdoor environment for the purpose of furthering individualized therapeutic goals as described in the individualized treatment plan. Summer therapeutic activities programs are expected to be integrated into the overall mental health treatment of the child.

The site for the summer therapeutic activities program must be appropriate to the age and developmental needs of the children served, and must meet all applicable federal, state and local requirements for safety, fire and health.

Core services include the following:

1. child centered interventions, including individual and group therapy using a strength-based approach, which vary according to the individualized needs of the child;
2. structured therapeutic activities;
3. community integration activities, which may occur in neighborhood centers, recreational areas, local businesses and volunteer agencies. These activities may include picnics, awards ceremonies, friendship practice assignments, career exploration, etc. The purpose of the community integration activities is to assist the child in developing appropriate behaviors and responses in the community context.

Summer therapeutic activities programs are child specific and may be provided for a minimum of three hours and a maximum of six hours per day, at a maximum of five days per week, depending on the treatment needs of the child. A child specific service period is a minimum of two weeks with a maximum of five weeks per calendar year.

Summer therapeutic activities programs are considered to be all-inclusive during the program hours. Therefore, in general, only case management and crisis intervention services, as medically necessary, may be provided in conjunction with summer therapeutic activities programs. Other mental health services may be provided in exceptional cases, upon a demonstration that the provision of such services, if determined to be medically necessary, will not undermine the appropriateness and therapeutic value, or duplicate the intent, of the summer therapeutic activities programs. Requests for services in such cases must be submitted, with full supporting documentation as set forth in MA Bulletin 1153-95-01, through the 1150 Administrative Waiver process.

During non-program hours, other mental health services may be provided as medically necessary, in accordance with the procedures that normally apply to each specific service.

All services must be carefully coordinated with the summer therapeutic activities program and the coordination efforts carefully documented in the case records for all services.

Staffing Requirements

A summer therapeutic activities program unit may not exceed eighteen children, but a summer therapeutic activities program may be comprised of multiple units. The summer therapeutic activities program must be a separate, identifiable organizational entity with a director/supervisor and staff assigned to the program unit during the hours of operation. The organizational structure of the program shall be described in an organizational chart. When this summer program is a component of a larger organizational structure, the director/supervisor of the program shall be identified and his or her responsibilities clearly defined.

The director/supervisor may direct multiple summer therapeutic activities program units and/or other mental health programs within the larger organizational structure. Clinical staff within the summer therapeutic activities program must be assigned to a specific unit of up to eighteen children.

A unit director/supervisor must be a mental health professional who has a graduate degree in a mental health field and two years of clinical experience, one of which must be in a CASSP System, and one of which must be in clinical supervision. The one year of clinical supervision may be concurrent with the one year of CASSP experience.

A unit director/supervisor may also serve as the clinical staff mental health professional if this individual meets the criteria for both the unit director/supervisor and the mental health professional.

If a summer therapeutic activities program or unit uses specialized therapies, e.e. art, music, dance and movement, play, recreational, or occupational therapies, clinical staff must have appropriate qualifications in those therapy areas. The services description must demonstrate that clinical staff are qualified to provide the activities therapies which will be included in the summer therapeutic activities program or unit. Appropriate qualifications include: a nationally credentialed art, music, dance and movement, play, recreational or occupational therapist, **or** a mental health professional with 12 credit hours in the specialized therapies and at least one year of supervised experience in the use of specialized therapies, **or** a mental health professional supervised by a nationally credentialed activities therapist, **or** any other comparable combination of education, training and/or experience.

A summer therapeutic activities program unit of one to twelve children must have the following clinical staff:

1. One mental health professional with a graduate degree in a mental health field and one year of experience in a CASSP system. If specialized therapies are to be provided, the mental health professional must meet the qualifications as defined above.
2. One mental health worker with a bachelor's degree and one year experience in a CASSP system.

A summer therapeutic activities program unit of 13 to 18 children must have the following clinical staff:

1. One mental health professional with a graduate degree in a mental health field and one year of experience in a CASSP system. If specialized therapies are to be provided, the mental health professional must meet the qualifications as defined above.
2. Two mental health workers with a bachelor's degree and one year experience in a CASSP system.

Additional full or part time clinical staff may include:

1. nationally credentialed art, music, dance and movement, play, recreational, or occupational therapist.
2. psychologist and/or psychiatrist.
3. therapeutic aides.

All staff must have Act 33 clearances.

PROCEDURES AND REQUIREMENTS:

Recipient Eligibility

1. To participate in a summer therapeutic activities program, a child must have a documented need for the program, prescribed or recommended as medically necessary by a licensed physician or licensed psychologist, as reflected in a current (within 45 days) psychiatric or psychological evaluation that supports a DSM IV diagnosis, AXIS I through V, or an ICD-9-CM diagnosis along with AXIS III through V of the DSM IV.
2. The program must be recommended by a county interagency service planning team with representation of the County Mental Health program and, if applicable, the County Children and youth Agency or Juvenile Probation program and, if applicable, the managed care program; representatives from all other community services systems currently providing service to the child and family, including the Education system; the child and the parent and/or legal guardian; and the prescribing physician or psychologist when possible. The team meeting must be conducted before service delivery begins, and the team's recommendation must be maintained in the child's case record.

Provider Requirements

1. A complete service description for each site of a summer therapeutic activities program must be submitted **annually** to the Department for review and approval at least 45 days prior to the opening of the program or before services are provided. The service description must demonstrate that the proposed summer therapeutic activities program complies with the requirements of this bulletin, including specification of therapeutic modalities and qualifications of staff to provide those therapies, and must be submitted in the Service Description Format contained in Attachment 7 of MA Bulletin 1153-95-01 (copy attached). Service descriptions must be submitted to:

Office of Mental Health
 Bureau of Children's Services
 Room 625, Health and Welfare Building
 Harrisburg, PA 17120

2. The provider must develop an individualized treatment plan based on an assessment of the strengths and therapeutic needs of the child and family. The assessment should include active listening, asking questions and exchanging information goals and objectives (in measurable terms) to be achieved by the child in the summer therapeutic activities program experience. These goals and objectives must be coordinated with the overall treatment goals and service plan for the child. The treatment plan must identify the involvement of other child-serving agencies, other treatment staff, the lead clinician, and the lead case manager. The treatment plan also must demonstrate how this service is integrated into the overall interagency service plan for the child and family.

- A. The provider must include the parents or other caretakers as members of the treatment team and as partners in the treatment team process. Such inclusion requires that the family actively participate in the formulation, development, implementation and monitoring of the treatment efforts; and presumes the family's broad knowledge about the child and the family's intention to contribute constructively to the positive outcomes.
- B. The provider should involve significant family members in the program experience and activities, which may require some accommodation to parent or family member work to participate in the treatment team activities or other program activities should not preclude the participation of the child in the summer therapeutic activities program. Thorough documentation of the efforts to involve the parents or family members and the reasons for their non-participation must be included in the case record.
- C. The provider must maintain a case record that includes referral information, medication regimen, the psychiatric or psychological evaluation that substantiates the medical need for the summer therapeutic activities program, and the recommendation of the interagency treatment team (including the list of participants, plan of care summary, and treatment plan) and legible progress notes. The progress notes must detail the child's response to the therapeutic activities and the relationship of that response to the treatment goals for the child. The mental health professional and/or the mental health worker who is assigned primary responsibility for the child must write, date and legibly sign the progress notes.

PAYMENT FOR SERVICES:

Type of Service	Procedure Code	Terminology	Fee
ES	W1867	Summer Therapeutic Activities Program	\$9.50 per hour

Effective with this bulletin, providers may bill the MA Program directly for summer therapeutic activities programs provided the Offices of Mental Health and MA Programs have approved the service description and the services have been prescribed as required by this bulletin.

Providers may request an exception to the fee schedule rate by submitting a proposed budget with the service description. (A budget format is attached. You may use your own format, however, your format must contain all the information listed on the attached form.) Any deviation from the service components or staffing qualifications or patterns defined by this Bulletin must be submitted in a detailed service description, accompanied by a budget. In all such cases, the Department must approve the service description and negotiate the final rate before services are initiated.

Requests for services approved at a higher rate must be submitted through the 1150 Administrative Waiver process as described in MA Bulletin 1153-95-01. The supporting documentation must demonstrate with specificity the individualized medical necessity for the higher-cost program. Requests for exceptions to the service limits must be submitted through the 1150 Administrative Waiver process with supporting documentation that demonstrates with specificity the individualized medical necessity for services in excess of the units permitted on the Fee Schedule. The Department must approve the MA 97 before services beyond the Fee Schedule rates or limits are initiated, in order for the provider to receive reimbursement for those services.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Outpatient Programs
 P.O. Box 8043
 Harrisburg, PA 17105

Or call the appropriate toll-free number for your provider type.

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

DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MENTAL HEALTH

SERVICE DESCRIPTION FORMAT

Two (2) copies of each service description for enhanced children's mental health services must be mailed to:

Office of Medical Assistance Programs
1150 Administrative Waiver Office
P.O. Box 8044
Harrisburg, PA 17105-8044

A separate description including all of the following information must be submitted for each distinct service:

1. Provider Type (including name, address, telephone and fax numbers):

- A. Agency
- B. Physician
- C. Licensed Psychologist
- D. Certified Registered Nurse Practitioner
- E. Licensed Social Worker
- F. Nationally Certified Therapist (art, music, play, occupational, AAMFT)

2. Copy of license or certification

3. Name of service for which you are requesting approval

4. Identify if this service will be subcontracted. If so, with whom? Include a copy of the subcontracting agreement which must clarify responsibilities for supervision of subcontracted staff and monitoring of services.

5. County(ies) in which services will be provided.

6. Describe how this service description was collaboratively developed with the CASSP Coordinator(s) or other MH/MR staff of the county(ies) in which service will be provided.

7. Describe the target population for this service, including age, indicators of mental health need, and other unique factors.

8. Describe the goals of this service and how those goals are to be achieved for individual children and adolescents, to include:

- A. mission or purpose statement for the service
- B. specific design of services: activities, intervention techniques, responsibilities of specific staff, staff to child ration, and if applicable, staff training and procedures for the use of restrictive procedures
- C. daily and weekly schedules as applicable

9. Describe specifically how this service will be individualized to each child or adolescent and his or her family, including how individualized treatment plans are developed. How will the multi-system approach to service delivery be provided and who will participate in interagency service planning for each child and family?

10. Describe how the cultural and/or ethnic concerns of the child and family will be met?

11. Describe how this service will support the child being integrated into the neighborhood or community where he or she lives, attends school, etc.?

12. List the staff's educational level, degrees, training, certification, licensing and any other relevant qualifications.
13. Identify the supervisors of the direct care staff, and their qualifications, and the individual who will provide clinical oversight for staff.
14. Identify the individual responsible for monitoring and assessing the delivery of services.
15. For non-fee schedule services include a detailed budget which defines costs and establishes a unit of service and cost per unit.

SUMMER THERAPEUTIC ACTIVITIES PROGRAM
RATE PROPOSAL

STAFF COSTS

Employee	Number of Weeks	Hours Per Day	Days Per Week	Hourly Salary	Benefits	Total
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List all direct care staff for the program individually, e.g. Director, Therapist, MH Worker, etc.

For each staff person listed, indicate if the person is a full-time employee, a part-time employee, summer employee, contractors, etc.

For each staff person listed, indicate the number of hours worked per day and week, the hourly salary, the number of weeks, benefits percentages, and the total reimbursement.

SUBTOTAL STAFF COSTS

OPERATING COSTS

List all operating costs, e.g. rental of space, utilities, cost of supplies, activity fees, and any other direct service costs of operating the program.

SUBTOTAL OPERATING COSTS

ADMINISTRATIVE COSTS

List all non-staff costs and non-operating costs associated with operating the program, e.g. clerical support, corporate overhead, etc.

SUBTOTAL ADMINISTRATIVE COSTS

TOTAL COSTS = SUBTOTAL STAFF COSTS + SUBTOTAL OPERATING COSTS + SUBTOTAL ADMINISTRATIVE COSTS

UNITS OF SERVICE = The number of hours of operation of the program times the number of children to be served times the projected occupancy % of the program.

COST PER UNIT OF SERVICE = TOTAL COSTS divided by the UNITS OF SERVICE