

Development and History of Behavioral Health Rehabilitation Services in Pennsylvania

1988 Pennsylvania began to look for ways to implement wraparound, which is gaining interest in mental health programs across the country.

1989 Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) The availability of BHRS as a Medicaid funded service began with the Commonwealth's conscientious interpretation and implementation of the OBRA legislation. In this act Congress established standards and incentives for participation in EPSDT as well as broadening the definition from covering not only preventative care but also to cover illness-related care. This included mental illness.

1992 The Commonwealth entered into a settlement agreement in the Lawrence K. lawsuit to provide expanded access to medically necessary mental health services for children who are Medicaid eligible. This lawsuit specifically allowed the plaintiff access to residential mental health treatment through Medical Assistance.

1992 Federal and state grants began to develop systems of care and community-based (and residential) services for children with mental health problems.

1992 CASSP ***ALERT*** noted that 17 county MH/MR offices and providers had established EPSDT community wrap-around services for 400 children. Hundreds of individual service requests (through the MA 325 process) were being reviewed and 95% approved by the state Office of Medical Assistance Programs (OMAP).

1994 The three most frequently requested wrap-around services were **Therapeutic Staff Support (TSS)**, **Mobile Therapy (MT)** and **Behavioral Specialist Consultant (BSC)** services. OMAP decided to add these to the fee schedule, significantly expanding services for children (and eliminating the need for state review of individual requests).

1994-5Two Medical Assistance Bulletins were issued: "Outpatient Psychiatric Services for Children Under 21 Years of Age," January 11, 1994, and "Accessing Outpatient Wraparound Mental Health Services Not Currently Included in the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age," September 8, 1995.

1996 **Summer Therapeutic Activities Programs (STAP)** added to fee schedule.

1999 The Kirk T lawsuit resulted in an agreement which included statewide standards for timely delivery of BHRS, Interagency team meetings, TSS qualifications, training and supervision and data collection.

2000-2005 Multiple bulletins were issued to further define and clarify services provided as BHRS. These bulletins addressed length of authorization periods, number of psychological evaluations, freedom of choice, service description expectations, documentation, supervision and training expectations as well as further information on MT, BSC, and TSS.

2005 Multisystemic Therapy (MST) and Functional Family Therapy (FFT) – Certain evidence-based practices for children and adolescents began receiving MA funding. MST, FFT and Multi-Dimensional Treatment Foster Care (MTFC) are all considered BHRS program exceptions.

2006 Minimum qualifications for TSS were revised and issued in bulletin 08-06-15.

2009 Guidance was issued on conducting **Functional Behavior Assessments (FBAs)**

2010 Bulletin OMHSAS 10-04 addressed the frequency of comprehensive **evaluations** to determine the need for BHR services, as well as the maximum length of the authorization period. For most children this can now occur once every six months and annually for children with Autism Spectrum Disorder; however, this may vary based on individual needs.

2011 Psychologists providing MT, BSC, and TSS were reminded of their FTE limit in bulletin OMHSAS 11-05 and provided with specific examples of appropriate and inappropriate business arrangements.

2012 Bulletin was issued to clarify expectations regarding the design and implementation of **STAPs**.