

PROVIDER HANDBOOK FOR PSYCHIATRIC AND PARTIAL HOSPITALIZATION SERVICES

SECTION VII – OTHER SERVICES

I. MOBILE MENTAL HEALTH TREATMENT (MMHT)

A. Provider Qualifications for MA Payment

A provider must be licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS) as a psychiatric outpatient clinic pursuant to 55 Pa. Code Chapter 5200 (relating to psychiatric outpatient clinics) and be enrolled in, and comply with all requirements that govern participation in, the MA Program.

To provide MMHT, psychiatric outpatient clinics must complete, and deliver services in accordance with, a description of services that includes at least the following:

- The population to be served, including the expected number of persons to be served, age groups, presenting problems and other relevant characteristics which support the need for MMHT.
- The location where services will be provided (home or other community site or both).
- The goals, objectives, and expected outcomes of the program.
- The manner in which records will be maintained.
- Staffing components, including:
 1. the number of staff who will provide MMHT, the specific services each staff person will provide and the credentials of each staff person;
 2. the title, position and credentials of staff who will supervise off-site services;
 3. the title, position and credentials of staff who will do the initial assessment of the need for services;
 4. policies and protocols for supervision and support of staff persons while providing MMHT in the field.

B. Compensable Services

All services currently specified in the psychiatric outpatient clinic MA Program Fee Schedule (see Attachment 1), with the exception of Electroconvulsive Therapy and Electroencephalogram, can be offered through MMHT. MMHT may be provided in an individual's private residence or other appropriate community-based site. Services must be rendered by a Mental Health Professional or Mental Health Worker as defined in 55 Pa. Code § 5200.3, acting within his or her scope of practice.

It is recommended that the face-to-face assessment required by 55 Pa. Code § 1153.52(a)(7) and § 5200.32(7) be conducted by a psychiatrist, but it may be conducted by a Mental Health Professional, including a Physician's Assistant or Certified Registered Nurse Practitioner trained and qualified to provide services in a mental health setting, with supervision and sign-off by a psychiatrist. The supervising psychiatrist must review the assessment before services are initiated, preferably within 72 hours of the assessment. The psychiatrist must also provide ongoing supervision as necessary for the population served and services provided, including but not limited to case reviews, regular supervisory meetings, review of each treatment plan and direct assessments of individuals receiving MMHT, when possible, to confirm findings.

The service limitations specified in 55 Pa. Code § 1153.14 apply to MMHT. In addition, consistent with that regulation, MMHT may not be provided on the same day as psychiatric outpatient clinic services or partial hospitalization services.

MMHT services should be coordinated with physical health care and may not duplicate other in-home services the individual or family receives.

C. Medical Necessity Review Guidelines

Service Initiation

MMHT may be provided when prescribed by a physician or other practitioner of the healing arts acting within the scope of practice to an individual who is 21 years of age or older and who:

1. Meets the medical necessity review guidelines for psychiatric outpatient clinic services; and
2. Has at least one of the following:
 - a. A medical condition, as documented in the treatment plan, that impairs the ability of the individual to participate or precludes the individual from participating in psychiatric outpatient clinic services;
or
 - b. A psychiatric condition, as documented in the treatment plan, that impairs the ability of the individual to participate or precludes the individual from participating in psychiatric outpatient clinic services;
or

- c. One or more significant psychosocial stressors, as documented in the treatment plan, that impair(s) the ability of the individual to participate or precludes the individual from participating in psychiatric outpatient clinic services; and
3. Agrees to participate in MMHT as prescribed.

Continuation of Services

MMHT may continue to be provided as long as the individual continues to meet the above guidelines; OR the individual continues to meet 1 and 3 above and has developed new medical, psychiatric or psychosocial conditions as outlined in 2) above; OR there is a reasonable expectation, based on the individual's clinical history, that discontinuation of MMHT will result in decompensation or recurrence of symptoms that could lead to a more intensive level of treatment.

Discharge from MMHT

MMHT is no longer medically necessary when:

1. The individual has successfully met the goals outlined in the treatment plan; or
2. The individual has been linked with other clinical services, or the conditions impeding or precluding treatment at the psychiatric outpatient clinic have been alleviated; or
3. The individual has requested discharge; or
4. The provider has determined that, despite documented attempts, the individual was not able to engage or remain engaged in treatment.

D. Documentation Supporting the Need for MMHT

The medical record must comply with the requirements of 55 Pa. Code §§ 1101.51(d), (e), 1153.42(b), and 5200.41 and contain written documentation of the following:

1. the individual's diagnosis;
2. the medical necessity for MMHT, including the medical, psychiatric, or psychosocial condition that impairs or precludes participation in the clinic;
3. a physician's order for MMHT;
4. a treatment plan, developed as required by 55 Pa. Code § 5200.31, which specifies the services to be provided, including the expected duration; supports and interventions necessary to overcome barriers to receiving services in a psychiatric outpatient clinic; persons who will provide the service(s); and the location where the service will be provided;

3. progress notes which include the frequency, type, and duration of each service.

As required by 55 Pa. Code § 5200.31(2), the treatment plan is to be reviewed, and updated as needed, every 120 days or 15 visits, whichever is first.

Upon retrospective review, the Department may seek restitution for the payment of the service and may seek applicable restitution penalties from the provider if the medical record does not support the medical necessity for the service. (See 55 Pa. Code § 1101.83).

E. Quality Assurance

MMHT must be included in the provider's Quality Assurance Plan.

F. Submission of Claims

1. The procedure codes that may be billed for MMHT are listed on Attachment 1. When submitting claims for MMHT, use provider type 08 (outpatient clinic), provider specialty code 074 (mobile mental health treatment) and place of service code 15 (mobile).
2. Submit claims using the CMS 1500 Claim Form to:

Department of Public Welfare
Office of Medical Assistance Programs
P.O. Box 8194
Harrisburg, Pennsylvania, 17105
3. Instructions for ordering CMS-1500 Claim Forms and for submitting claims electronically are available on the Department's website at: http://www.dpw.state.pa.us/omap/provinf/promhb/omapprom_CMShb_Sect2.asp at Section 2.11 (CMS-1500) and Section 2.5 (billing options).