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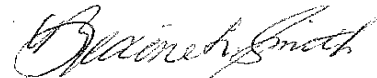
**NUMBER:**

OMHSAS-12-02

**SUBJECT:**

Cost Centers for County Based Mental Health Services

**BY:**



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Office of Mental Health and Substance Abuse Services

**SCOPE:**

This bulletin applies to County Mental Health Programs.

**PURPOSE:**

The purpose of this bulletin is to accommodate data reporting for the changing and growing array of services provided by the counties that use state and county funding. This bulletin establishes new cost centers, expands some existing cost centers and combines others. It allows for appropriate reporting and monitoring of expenditure and service information for a number of new community mental health services. The reporting of county mental health (MH) program costs must conform to the cost centers as presented on the Income and Expenditures Report for Fiscal Year 2012/2013.

**DISCUSSION:**

Increasingly, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) and other state mental health authorities across the country are being required to provide service utilization, performance measure and consumer outcome indicator information to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) on mental health service recipients. To capture this information in a format that will inform the federal government, while simultaneously demonstrating County government accountability of public funds, OMHSAS worked closely with county mental Health programs and other stakeholders to update the community mental health cost centers that had been established in 1994. This Bulletin is the result of those efforts.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number (717) 772-7900.

## **COST CENTER DEFINITIONS:**

### **3.1 Administrator's Office**

This cost center is defined for purposes of the account structure as referring to activities and services provided by the Administrator's Office of the County MH Program. The Administrator's Office activities include:

- a. The general administrative, programmatic, and fiscal responsibility for the county MH program.
- b. Development of planning documents addressing the county program needs, local planning efforts, and other information pertinent to planning for and providing a more adequate service delivery system.
- c. Research projects, the evaluation of program effectiveness, the analysis of programmatic needs of specific target groups, and the determination of the availability of services to the general public.
- d. Continuing relationships with the county MH board, the OMHSAS regional field office and OMHSAS central office, contracted service providers, and family/consumer groups.
- e. The initiation of guardianship proceedings; and
- f. The activities of the County MH Board.

For more details please refer to Commonwealth of Pennsylvania Code Title 55, Chapter 4200: County Board and Program Administration.

### **3.2 Community Services**

The cost of programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same. Prevention, consultation and education services are also included in this cost center.

The Community Services activities include:

- a. Advice and expertise given to professionals or other human service agencies concerning mental health disorders and services in order to expand knowledge concerning same.
- b. Educational information given and disseminated to the general public or community agencies concerning the services available from the county program.
- c. Activities and programs developed to reduce the incidence of mental health disorders, such as community awareness and prevention programs designed to promote mental health, resiliency and recovery.
- d. Activities designed to build community awareness and acceptance.
- e. Activities designed to develop community resources.

### **3.4 Targeted Case Management**

Targeted Case Management (TCM) services provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through

natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services. TCM staff operates in identifiable: Intensive Case Management (ICM), Blended Case Management (BCM), or Resource Coordination (RC) units, with limited case loads. Only those services that are part of an approved rebudget/county plan may be reported under this cost center. Targeted Case Management services are expected to help consumers achieve specific outcomes of independence of living, vocational/educational participation, adequate social supports and reduced hospitalization.

The Targeted Case Management activities include:

- a. Assessment and understanding of the consumer's history and present life situation.
- b. Service planning based on the consumer's strengths and desires, to include any activities necessary to enable the consumer to live as an integral part of the community.
- c. Assertive and creative attempts to help the consumer gain access to resources and required services identified in the treatment or service plan.
- d. Monitoring of service delivery.
- e. Problem resolution, to include active efforts in advocacy to assist the consumer in gaining access to needed services and entitlements.
- f. Assistance to persons in identifying, accessing and learning to use community resources.
- g. Informal support network building.
- h. Linking with services.

For more details please refer to Commonwealth of Pennsylvania Code Title 55, Chapter 5221: Mental Health Intensive Case Management; and OMHSAS Bulletin 09-02, Blended Case Management (BCM).

### 3.6 Outpatient

This cost center applies to treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service. These services may be provided to an individual or his/her family and may include services prior to or after inpatient or institutional care has been provided, outpatient treatment would be specified on a consumer's treatment plan. The outpatient activities include:

- a. Psychiatric or psychological, or therapy.
- b. Supportive counseling for the consumer's family members or other involved persons.
- c. Individual or group therapy.
- d. Treatment plan development, review and re-evaluation of a client's progress.
- e. Psychiatric services, including evaluation, medication clinic visit, and medical treatment required as part of the treatment of the psychiatric service.
- f. Psychological testing and assessment.
- g. Mobile mental health treatment and mobile medication management
- h. Telepsychiatry.
- i. Alternative Outpatient Therapy (AOP).

For more details please refer to Commonwealth of Pennsylvania Code Title 55, Chapter 5200: Psychiatric Outpatient Clinics.

### 3.7 Psychiatric Inpatient Hospitalization

This cost center applies to treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization. The activities involve care in a licensed psychiatric inpatient facility. The Psychiatric Inpatient Hospitalization activities include:

- a. Diagnostic study or evaluation.
- b. Intensive psychiatric inpatient treatment at the onset of an illness, or under periods of stress.
- c. Close supervision necessitated by the inability of a person to function independently.
- d. Treating medical needs associated with the psychiatric inpatient treatment, medication stabilization, and intensive services required as part of the psychiatric inpatient treatment program.
- e. Extended acute care.

### 3.8 Partial Hospitalization

This cost center is to be used for non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment. Partial hospitalization services may be: 1) a day service designed for persons able to return to their home in the evening, 2) an evening service designed for persons working and/or in residential care, 3) a weekend program and /or 4) a day or evening program in conjunction with school. The Partial Hospitalization activities include:

- a. Medical, psychiatric, psychological and psychosocial treatment services, including individual, family, and group psychotherapy.
- b. Health education, to include basic physical and mental health information; nutrition information and assistance in purchasing and preparing food, personal hygiene instruction; basic health care information, child care information and family planning information and referral; information on prescribed medications.
- c. Instruction in the basic care of the home or residence for daily living, and in age appropriate developmental skills.
- d. Instruction in basic personal financial management for daily living.
- e. Medication administration and evaluation.
- f. Social interaction and pre-vocational service instruction.
- g. Crisis counseling.
- h. Acute partial programs that are generally three (3) weeks or less in duration.

For more details please refer to Commonwealth of Pennsylvania Code Title 55, Chapter 5210: Partial Hospitalization.

### 3.10 Mental Health Crisis Intervention Services

Mental Health Crisis Intervention Services are immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their

families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. The services provide rapid response to crisis situations, which threaten the well-being of the individual or others. The Mental Health Crisis Intervention Services activities include: intervention, assessment, counseling, screening and disposition services in the following categories:

- a. Telephone crisis services,
- b. Walk-in crisis services,
- c. Mobile Crisis services (Individual-Delivered),
- d. Mobile Crisis services (Team-Delivered),
- e. Medical Mobile Crisis services (Team-Delivered),
- f. Crisis Residential services, and
- g. Crisis In-Home Support services.

Only those services delivered by facilities licensed as Mental Health Crisis Intervention Services by OMHSAS may be reported under this cost center.

### 3.11 Adult Developmental Training (ADT) - Adult Day Care

ADT services are categorized as those community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills. As a prerequisite for work-oriented programming, ADT programs concentrate on cognitive development, affective development, communication development, physical development, and working skills development. ADT programs are provided in facilities licensed under Commonwealth of Pennsylvania Code Title 55, Chapter 2380: Adult Training Facilities.

### 3.12 Community Employment and Employment Related Services

This cost center includes: employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

There are two different types of employment services included in this cost center. One is employment in a community or employment setting which combines vocational training in a business or industry setting. That includes transitional employment, industry-integrated vocational programs, mobile work forces, enclaves, and affirmative industries or businesses. The other type is Supported Employment, which is an Evidence Based Practice (EBP) recognized by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services administration (SAMHSA). This involves community based job placements other than sheltered workshops. Employment specialists work as a team with consumers from intake through follow-up. The staff-consumer ratio is small. Team-delivered contacts occur at the consumer's home, at the job site or in the community. This employment is competitive. Eligibility is based on consumer choice and readiness, and involves rapid job search and follow-along supports.

### 3.13 Facility Based Vocational Rehabilitation Services

This cost center includes programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality. Sheltered workshop programs include vocational evaluation, personal work adjustment training, work activity training, and regular work training and are provided in facilities licensed under the Commonwealth of Pennsylvania Code Title 55, Chapter 2390: Vocational Facilities.

### 3.14 Social Rehabilitation Services

This cost center refers to programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness. Social rehabilitative activities are intended to make community or independent living possible by increasing the person's level of social competency and by decreasing the need for structured supervision. The Social Rehabilitation activities include:

- a. Social skills development to enhance habits, attitudes, and social skills.
- b. Cognitive development, affective development, communication development, physical skills development services.
- c. Activities of daily living skills development.
- d. Educational services and general skill levels to enhance employability.
- e. Drop-In Centers.

Note: Services for children and adolescents may not be reported in this cost center (see Section 3.23; Children's Psychosocial Rehabilitation Services).

### 3.15 Family Support Services

This cost center refers to supportive services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit. The following list, which is not exhaustive, outlines the variety of activities that may be reported in the Family Support Services cost center:

- a. Homemakers, family aides,
- b. Art classes,
- c. Sign Language interpreting services, TTY equipment,
- d. Furnishing of apartment for individuals released from an institution,
- e. Visits by family members to visit loved ones placed in a remote facility,
- f. Bus passes, YMCA/YWCA memberships,
- g. Specialized summer camps,
- h. Attendance at conferences or meetings,
- i. Legal advocacy,
- j. Resource materials and training for family members to care for consumer, and
- k. Non-emergency transportation.

NOTE: This cost center does not include Family-Based Mental Health Services.

### 3.16 Community Residential Services

The Community Residential Services cost center applies to care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a Department-licensed or approved community residential agency or home. Community residential services are intended for persons capable of benefiting from social and personal development services away from their own homes or family, or for children and adolescents with serious emotional disturbance (SED) who cannot be maintained in his/her own home. Included in this category are the room and board costs associated with the residence. Those costs include food, clothing, shelter, child care, personal incidentals for children, liability insurance with respect to the child, and reasonable travel for the child to visit family and school supplies. The settings include, but are not limited to:

- a. Community Residential Rehabilitation Services (CRRS),
- b. Personal Care Homes,
- c. Family living homes and host homes,
- d. Long Term Structured Residence (LTSR) facilities,
- e. Residential Treatment Facilities,
- f. Enhanced/Specialized Personal Care Homes, and
- g. Non-hospital acute care.

NOTE: This cost center does not include MH Housing Support Services or Crisis Residential Services.

### 3.17 Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home. This is an OMHSAS-licensed program which offers mental health treatment, casework services, and family support. Services are available twenty-four (24) hours a day, seven (7) days a weeks, for up to thirty-two (32) weeks – or longer, if deemed medically necessary. Family-Based Mental Health Services (FBMHS) are team-delivered by mental health professionals and mental health workers, primarily in the family home. The cost of all services provided with Family-Based Mental Health Services funds, and to families enrolled in the Family-Based program, should be reported in this cost center.

### 3.20 Administrative Management

The Administrative Management cost center applies to those activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance. Services are available for all persons who have a mental health diagnosis, as identified within the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or a subsequent revision; or within the International Classification of Diseases, Ninth Edition (ICD-9) or a subsequent revision. Services are delivered for the purposes of facilitating and monitoring a person's access to mental health services and community resources. The activities include, but are not limited to:

- a. Processing of intake into the Base Service Unit, which includes assessments, development of a care plan and referrals to services,
- b. Verification of disability,
- c. Liability determination,
- d. Authorization for services,
- e. Monitoring of service delivery through review of evaluations, progress notes, treatment/service plans, and other written documentation of services,
- f. Maintenance of records and case files, and
- g. On an occasional and situational basis, administrative case managers may provide some direct service to individuals as described below:
  1. Coordination of service planning with state mental hospitals and other out-of-home placement facilities with other systems,
  2. Provision of supportive listening and guidance in problem-solving to consumers, their families and significant others,
  3. Contact with family, friends, school personnel and significant others to develop or enhance the consumer's natural support network, and
  4. Advocacy efforts to improve consumer's life situations, promote consumer choice, improve services, eliminate stigma, etc.

### 3.21 Emergency Services

This cost center applies to those emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process. Activities include, but are not limited to:

- a. Mental Health Delegate services,
- b. Emergency psychiatric evaluations provided to a consumer to determine the need for psychiatric inpatient care,
- c. Searches for placement in an inpatient facility (bed searches),
- d. Emergency transportation, and
- e. Legal fees associated with the commitment process.

### 3.22 Housing Support Services

Housing Support Services are services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them. They are provided by county MH program housing specialists or other staff designated by the county program.

There are two (2) unique services that should be reported in this cost center. The first is Supported Living, which is provided to an individual in a setting in which they do not hold a lease and as a condition of retaining the housing, the individual must receive community-based behavioral health services. The setting may be a private residence, apartment, host home or foster home, and the services may include life skills or treatment.



The other service, Supportive Housing is a SAMHSA-recognized Evidence Based Practice (EBP). The services are provided in a setting for which the consumer does hold a lease and has no requirement that behavioral health services must be received to retain housing.

Housing Support Services include the following:

- a. Housing location/re-location assistance,
- b. Roommate assistance,
- c. Renter skills training,
- d. Emergency rent or utility payments,
- e. Landlord/tenant negotiations,
- f. Rent guarantees,
- g. Security deposits for rent or utilities,
- h. Furniture and household goods,
- i. Moving assistance,
- j. Repair guarantees,
- k. Interim rent assistance,
- l. Assistance in obtaining housing benefits,
- m. Life skills training, and
- n. Tenant rights and responsibilities.

### 3.23 Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

Assertive Community Treatment (ACT) is a SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness). ACT teams are a self-contained program where individuals receive a comprehensive array of services from a multidisciplinary team. ACT teams must adhere to such requirements as outlined within OMHSAS Bulletin 08-03: Assertive Community Treatment. Pennsylvania's ACT teams are monitored for fidelity to the Dartmouth Assertive Community Treatment Scale.

Community Treatment team (CTT) services merge clinical, rehabilitation and support staff expertise within one service delivery team. CTT services are targeted for those persons who have not achieved and maintained health and stability in the community, and who would continue to experience hospitalization, incarceration, psychiatric emergencies and/or homelessness without these services.

### 3.24 Psychiatric Rehabilitation

Psychiatric Rehabilitation Services (PRS) assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible. Interventions may occur within a program facility or in community settings. This cost center applies to site-based and mobile services specifically

licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS) as Psychiatric Rehabilitation. This service is intended primarily for adults. Services delivered by facilities that have earned certification from the International Center for Clubhouse Development (ICCD) and are licensed by OMHSAS as a clubhouse would be included in this category.

### 3.25 Children's Psychosocial Rehabilitation Services

Children's Psychosocial Rehabilitation Services are designed to assist a child or adolescent (i.e., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. This may occur through training, support or intervention in the areas of problem solving and coping skills; social and interpersonal relationship skills; effective and appropriate communication of emotions, concerns and personal issues; behavior management; and community living. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting. Among these services are after-school programs that include professional mental health staff.

### 3.26 Children's Evidence Based Practices

This cost center refers to the array of practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness. According to the Institute of Medicine evidence based practice integrates research evidence with clinical expertise and patient values. Some examples of programs currently in practice include:

- Multi-Systemic Therapy (MST) – a SAMHSA-recognized EBP,
- Functional Family Therapy (FFT) - a SAMHSA-recognized EBP, and
- Therapeutic Foster Care (TFC) - a SAMHSA-recognized EBP.

### 3.27 Peer Support Services

This cost center refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006. The peer support provider must:

- Be licensed by OMHSAS,
- Be enrolled in the Department's Provider Reimbursement and Operations Management Information System in electronic format (PROMISe) as a Medicaid provider of peer support services,
- Have an approved peer support service description, and
- Have a letter of approval from OMHSAS to operate a peer support services program.

### 3.28 Consumer-Driven Services

This cost center refers to a host of services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services. Examples of services that would fit within this category are as follows:

- Fairweather Lodge programs,
- Peer programs that do not meet the guidelines established in the Peer Support Services Bulletin (i.e., are not Medicaid-enrolled and OMHSAS-licensed),
- Compeer programs,
- Peer-to-peer programs,
- Clubhouses that do not have OMHSAS licensure or ICCD credentials,
- Warmlines, and
- Peer monitoring services.

### 3.29 Transitional and Community Integration Services

This cost center includes services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services. Services may have a dual focus such as helping the individuals to reintegrate into the community or services directed to the underserved and or atypical populations. This cost center captures services and activities that cannot be appropriately billed as case management.

- Forensic services may include mental health court activities not otherwise characterized and services that are provided in jail settings both to the general prison population and to those housed in inpatient/crisis units within the prisons.
- Geriatric services include assessment, service plan development. Services may be provided in a variety of settings such as a nursing home, Personal Care Home or the individual's home.
- Continuity of Care team activities include the monitoring of admissions and discharges from state hospitals and community hospitals. The teams work with the consumers to assure that the necessary services are provided to prevent further hospitalizations. They also monitor consumer compliance with agreed-upon treatment plans.

### 3.98 Other Services

This cost center refers to those activities or miscellaneous programs which could not be appropriately included in any of the previously cited cost centers. The specific activity or activities reported in this cost center must be described on all reporting forms submitted to the Department of Public Welfare. Use of this cost center requires prior approval from the Department.

**OBSOLETE BULLETIN:** This bulletin obsoletes OMH-94-10, Account Structure Manual- Revised Cost Centers for County Mental Health and Mental Retardation Programs, issued June 24, 1994.