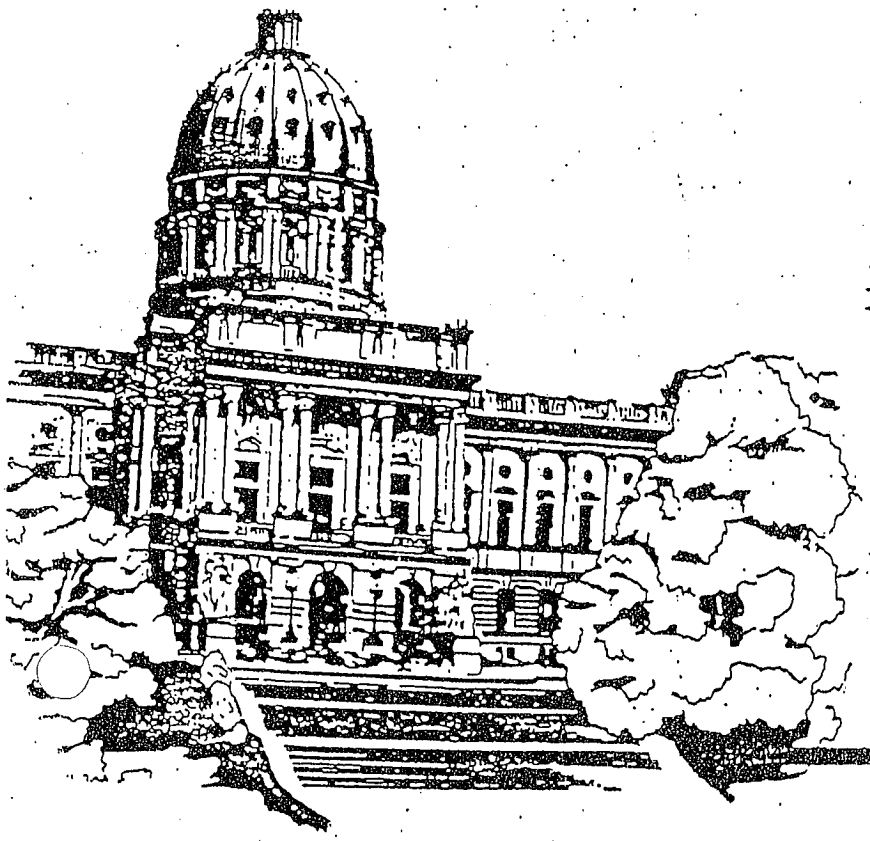
PENNSYLVANIA BULLETIN

CRISIS Intervention

Volume 23 Number 10
Saturday, March 6, 1993 • Harrisburg, Pa.
Pages 1031—1126

In this issue:

Detailed list of contents appears inside.



55 PA Code Chapter 5240

MH Crisis Intervention Services

DEPARTMENT OF PUBLIC WELFARE

[55 PA. CODE CH. 5240]

Mental Health Crisis Intervention Services

Statutory Authority

The Department of Public Welfare, under the authority of Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1087) proposes to adopt the regulations as set forth in Annex A.

Background

The purpose of these proposed regulations is to establish requirements for the approval, licensure, enrollment, delivery of services and payment of mental health crisis intervention (MHCI) services. The services are: telephone crisis service, walk-in crisis service, mobile crisis service, medical mobile crisis team service and crisis residential service.

Crisis intervention services are immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress. The services are provided to adults or children and adolescents 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. MHCI services include the intervention, assessment, counseling, screening and disposition services which are commonly considered appropriate to the provision of MHCI.

Section 301(d)(4) of the Mental Health and Mental Retardation Act of 1966 (3rd Sp. Sess, P. L.) (50 P. S. § 4301(d)(4)) requires 24-hour emergency service availability through service providers or through a central place providing referral services and information. The responsibility for the provision of these services directly or under contract is assigned to the county mental health/mental retardation (MH/MR) administrator. See Chapter 4210 (relating to description of services and service areas). In all counties, this requirement has been fulfilled through establishment of a telephone hot-line with hospital emergency room back-up. Some counties provide additional services such as mobile crisis services. The services are supported primarily by State/county program funding. The proposed chapter identifies specific services (including hot-line services) and establishes specific requirements under an approved Medicaid State Plan Amendment. The requirements identify specific services, permit Federal financial participation in payment for the services and provide documentation and accountability under county administrators to a degree which is not presently available.

The need to develop and implement strategies to improve mental health crisis services capacity was identified by the Department's Mental Health Services Planning Council and is set forth as Objective 1.3 in the Pennsylvania State Mental Health Plan. The proposed regulations are identified in the plan as a key step in implementing this objective. The Department developed the regulations with active participation and review by consumers, family members, providers, county administrators and various professional organizations. These proposed regulations further the Department's goal of fostering the development of a unified mental health system wherein there exists an array of community based mental health services identified by the counties in their needs based planning and administered by the counties. The requirements of § 5240.11(a) that providers shall be identified in an approved county plan and the responsibilities of county administrators as set forth in §§ 5240.21, 5240.72, 5240.92, 5240.102, 5240.122 and 5240.142 identifies the county MH/MR administrator as responsible for service availability, oversight and financial decision making.

Summary

Subchapter A. General Provisions

Policy (§ 5240.1). This section mirrors the language of the approved Medicaid State Plan Amendment which identifies crisis intervention services as immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress. The services 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. MHCI includes intervention, assessment, counseling, screening and disposition services which are commonly considered appropriate to the provision of MHCI.

Definitions (§ 5240.2). This section defines terms used in the chapter.

Organization (§ 5240.3). This section identifies the MHCI services as telephone crisis service, walk-in crisis service, mobile crisis service, medical-mobile crisis service and residential crisis service. The telephone service must be available 24 hours a day, 7 days a week, Statewide as assured by the individual counties and joinders. This service is a referral source for other crisis service providers and community resources. An area served by a medical-mobile crisis service must also be served by a mobile crisis service, which is a less costly service. Although each crisis service unit must be separately identified with its own unit supervisor, the supervisor may also supervise other services within the provider organization. This provision permits an efficient use of top-level personnel and is especially important for smaller providers.

Eligibility

Provider participation (§ 5240.4). This section is consistent with the participation requirements of other Medicaid covered mental health services promulgated since 1990, specifically in § 5221.11 (relating to provider participation) and soon to be proposed § 5260.11 (relating to Family-Based Mental Health Services for children and adolescents). Providers shall be identified in a county plan which has been approved by the Department and meet other licensing standards, and providers shall also be enrolled as specified in Chapter 1101 (relating to general provisions) to receive Federal share reimbursements. Providers shall meet the conditions of this chapter, and be licensed and approved to provide one or more of the services. This section gives counties the "gatekeeping" responsibility of limiting the number of providers according to their resources and needs. Counties may also determine which, if any, of the crisis services they may establish in addition to the telephone crisis service. The section also assures that State expenditures for services to eligible persons will be supplemented by Federal funding, thereby enhancing the service. To prevent regulatory confusion or conflicts in the service, this chapter shall prevail over others, such as Chapter 1101.

Service eligibility (§ 5240.12). This section is consistent with the Medicaid State Plan and the chapter policy in § 5240.1. It provides that services under this chapter are reimbursable when provided to adults, adolescents and children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Responsibilities

Responsibilities of county administrators (§ 5240.21). This section places fiscal responsibility and program oversight on county administrators in a manner consistent with the Department's objective of establishing a unified system of care for the publicly funded mental health system. The section requires county administrators to monitor the compliance of MHCI providers under

their jurisdiction with provisions of this chapter, and that they provide fiscal and program reports to the Department as required under § 4200.32 (relating to powers and duties). Administrators as fiscal managers, must also certify that State matching funds are available for Medicaid compensable services. Administrators shall also assure that all providers receiving public funds for services described in this chapter are licensed and abide by provisions of this chapter. These requirements are intended to assure quality services as well as provide accountability and Federal financial participation.

Responsibilities of providers (§ 5240.22). This section requires providers to adhere to requirements of this chapter and to submit reports as required by the Department and the county administrator. Providers shall have a written training plan showing training for each staff classification that shall be completed prior to providing service and ongoing training. The objectives of training are to enable staff persons to identify a crisis and to provide services in an age appropriate and culturally competent manner. The plan shall be approved by the county administrator and reviewed yearly. Providers shall also have a written protocol for each MHCI service provided which states the policy and guidelines for responding to specific situations and populations and notification of family members. The protocols shall address continuity of care and monitor outcomes. The protocols shall be approved and reviewed yearly by a licensed professional as identified in the approved Medicaid State Plan. Providers authorized to administer medication shall have a written protocol for the storage and administration of drugs which is approved and reviewed yearly by a physician. The section specifically requires that the provision of services shall take precedence over intake. Providers shall have a written agreement assuring that psychiatric or physician back-up is available by telephone to a provider within 1 hour. Because of the scarcity of psychiatrists in parts of the state, the physician option is necessary especially for the mandated telephone service. Providers shall also make available a list of community resources and inform individuals and family members of their rights.

Recordkeeping (§ 5240.23). This section requires records which document the requirements of this chapter. Consistent with § 1101.51(e) (relating to ongoing responsibilities of providers) records shall be kept for a minimum of 4 years. Licenses, inspection reports, employe work schedules, payroll records, job descriptions, documents verifying employe qualifications and training, policies and protocols, fees or charges, records of supervision and training, letters of agreement with referral sources and an appeals process are all part of the records that shall be kept for verification of requirements of this chapter.

Case records (§ 5240.24). For easy and complete reference, as well as ease of recordkeeping, this section permits providers to integrate a consumer's MHCI records with other records provided the MHCI record is clearly identified. Each content shall be documented showing dates and times of service, reason for the contact, staff persons involved, services provided and outcomes. Entries shall be signed by the staff person providing the service or senior staff person if the service is team delivered. The case record shall contain a medical clearance for the crisis residential service only.

Requirements

Staff requirements (§ 5240.31). This section sets forth the education and experience required for a mental health professional and worker, an MHCI medical professional and medical assistant and a service or mobile aide. These requirements are based on, but not identical with, civil service requirements and requirements set forth in recently promulgated Chapter 5221 (relating to mental health intensive case management) and soon to be proposed Chapter 5260 (relating to family-based services for children and adolescents). Mental health professionals shall have advanced degrees or experience in the field of mental health, or a combination of relevant education and experience. Mental health workers have fewer requirements and shall be supervised by a mental health professional. Medical professionals are individuals authorized to diagnose and treat mental illness in this Commonwealth. These individuals may prescribe drugs. Medical assistants may administer medication prescribed by a medical professional. While registered nurses (RNs) are designated as mental health professionals or workers, subsequent regulations in this chapter at § 5240.123 recognize that an RN may also administer medication. A mobile crisis aide is a trained person who may be authorized to be with a person in crisis to help stabilize the person. See § 5240.103(b)(3) (relating to provider responsibilities). A crisis aide may be a staff person in a crisis residence. Clearance is required in accordance with 23 Pa.C.S. § 6344 (relating to information relating to prospective child-care personnel) for staff of programs serving children and adolescents under 18 years of age.

This section also recognizes that the experience a consumer or family member has in working as a leader or advocate in the mental health system is valuable in working with individuals in crisis. Therefore, it allows a person with a high school equivalency and 1 year of experience as an advocate or leader in a consumer or family group to be eligible as an MHCI crisis worker. The Department recognizes that a person thus qualified would not meet the civil service requirements for formal education of other mental health workers, however, they could possibly meet the requirements for Human Service Aide positions. This recognition for eligibility has been long sought by consumer and family advocates and is considered as merited by the Department.

Quality assurance and utilization review (§ 5240.32). This section provides that the quality of service is ensured by written provider procedures including quarterly staff conferences and case reviews. Services are subject to reviews by Federal and State authorities as provided in §§ 1101.71—1101.75 and by authorized agents of the county. The provisions are consistent with other Departmental regulations and policy.

Conflict of interest (§ 5240.33). This section meets Medicaid and State requirements for providers to assure consumers a freedom of choice. These assurances relate to referrals and follow-up services rather than to the MHCI services themselves.

Consumer Rights

Consumer participation (§ 5340.41). This section affirms the right of consumers to terminate services without prejudice to other mental health services or future services. The section also contains assurances of nondiscrimination, right of appeal and individual civil rights. The Mental Health Procedures Act (50 P. S. §§ 7101—7503) is referenced in regard to an adolescent's right to seek or reject service. Parental notification is required for services to a child and notification is encouraged and parental assent sought for individuals 14 years of age or older unless the individual in crisis objects.

Notice of confidentiality (§ 5240.42). This section provides an assurance of confidentiality to individuals receiving MHCI services. Departmental regulations at §§ 5100.31—5100.39 are cited.

Payment

Payment (§ 5240.51). This section establishes criteria for payment for MHCI services under provisions of Chapter 4300 (relating to County Mental Health and Mental Retardation Fiscal Manual) and provides that the initial contact is exempt from liability under Chapter 4305 (relating to liability for community mental health and mental retardation services.) Provision for liability is retained for the service in part because Medicaid will not pay for a service that a state provides as a free service. However, MHCI services do not carry a Medical Assistance (MA) copayment. This section also distinguishes between MHCI services and emergency psychiatric/medical services provided by a hospital emergency room or by ambulance personnel. Emergency services of this kind are covered by MA under separate chapters. Payment for a unit of service will be made at a Departmentally established fee-for-service rate.

Subchapter B. Telephone Crisis Service

Service description (§ 5240.71). This section describes a 24 hour a day, 7 days a week telephone hot-line service provided to individuals in crisis and callers who represent or seek assistance for persons in crisis. The service screens calls and provides counseling, consultation and referral.

County administrator's responsibilities (§ 5240.72). This section provides that the county administrator shall assure service availability 24 hours a day, 7 days a week throughout their geographic area. This provision establishes a continuous, Statewide, mental health crisis telephone service.

Provider responsibilities (§ 5240.73). This section requires providers to have a written plan, approved by the county administrator, showing how services are provided. The regulation requires that the telephone be answered by a member of the crisis staff, not by a recording or other mechanical device. Mental health professionals shall supervise the unit as well as individual staff members, who shall be mental health professionals or mental health workers.

Payment conditions (§ 5240.74). This section establishes that payment is made only for a contact with a person in crisis or parent, if the person is a child. Other costs connected with the service are included in the rate. This decision is intended to emphasize the importance of direct contact relative to supportive activities, as important to the service as they may be. A unit of service is 15 minutes or a major portion thereof.

Subchapter C. Walk-in Crisis Service

Service description (§ 5240.91). This service is provided in a face-to-face meeting with a person in crisis, or a person seeking help for a person in crisis, at the provider's designated facility. Because this is a face-to-face contact, the services include assessment, information and referral, crisis counseling, crisis resolution, accessing community resources and back-up, including emergency services and psychiatric or medical consultation. The service also provides intake, documentation, evaluation and follow-up which is for the purpose of facilitating entry into another mental health treatment program.

County administrator's responsibilities (§ 5240.92). This section gives county administrators oversight responsibility for the service. If the service is provided in the county, the county administrator shall have a list of the approved providers showing service availability within the county, that is where and when the services are provided.

Provider responsibilities (§ 5240.93). This section requires providers to have a written plan showing how services are provided. The county administrator, as overseer, shall approve the plan. A mental health professional shall be designated as unit supervisor and a mental health professional shall provide individual staff supervision. Services shall be provided by either a mental health professional or a mental health worker.

Payment conditions (§ 5240.94). This section provides that only the time spent in face-to-face contact with a person in crisis is billable at the unit rate. Other costs necessary for provision of the service may be built into the Departmentally established rate. A unit of service is 15 minutes or a major portion thereof.

Subchapter D. Mobile Crisis Service

Service description (§ 5240.101). This section provides that the service take place at the place where the person in crisis is located. The service is provided by mental health professionals and workers either individually or as a team. Mobile crisis aides may be sent to provide extended services to persons in crisis. Services include crisis intervention assessment, counseling, resolution, referral and follow-up. Service back-up and linkages with other services is provided. Mobile crisis services cannot be accessed directly but must be obtained through approved sources, which must include the telephone crisis program (§ 5240.3(b)(1)).

County administrator's responsibilities (§ 5240.102). This section repeats the oversight requirements in § 5240.92 and adds that administrators shall approve a list of authorized referral sources for the agency which shall be reviewed and approved yearly. This is to screen frivolous calls and false alarms for this service.

Provider responsibilities (§ 5240.103). This section repeats that the provider shall have a plan, showing how services are provided and a list of referral sources, both authorized and approved yearly by the county administrator. Supervision of the unit and individual supervision shall be by a mental health professional. Crisis intervention services are provided by mental health professionals and workers, but extended, follow-up services may be authorized by a physician or supervisor for an aide to be with the person in crisis to monitor and help stabilize the person in crisis. This section also provides that referrals for ongoing services for publicly funded consumers shall be made through the county administrator or a licensed or approved mental health case management service provider. This is to assure that this service will not be tied up in extensive case management services and to support the Department's goal of a unified system of care for the public mental health system. While the Department anticipates that administrators will impose this requirement on most MHCI providers, the Department wishes to assure that the costs of the mobile crisis services are not encumbered with case management.

Payment conditions (§ 5240.104). This section provides that the time spent by a mental health professional or worker which results in a face-to-face contact with a person in crisis is billable at a 15-minute unit rate. This recognizes that there may be preliminary activities, such as discussions with relatives or police, which are necessary before direct service to the person in crisis can be

provided. The unit of service for a mobile crisis aide onsite with a person in crisis is 4 hours or major portion thereof, recognizing that this activity requires a longer, and less intensive relationship, than that of the mental health professional or worker who provide the initial contact.

Subchapter E. Medical Mobile Crisis Team Services

Service description (§ 5240.121). This section describes the service as one which provides the capability to medicate individuals in crisis. It is team delivered by a person qualified to administer medication and a mental health professional or worker. There shall be telephone linkage with a physician to provide the required medical back-up. This service may not stand alone; rather, it supplements the less expensive mobile crisis service. This permits a medical person to be called to the scene where a mobile crisis individual or team is providing service and may need the addition of medical services.

County administrator's responsibilities (§ 5240.122). This section repeats the oversight requirements of § 5240.102.

Provider responsibilities (§ 5240.123). This section is consistent with the other subchapters in requiring an approved plan for services. The section specifies that staff persons qualified to administer medication are medical professionals, RNs (listed as mental health professionals in this chapter) and medical assistants qualified to administer medication. A team shall be composed of one medical person and a mental health professional or worker. A medical professional or a mental health professional shall be a team member. Supervision of the unit and individual supervision shall be provided by a medical professional or by a mental health professional.

Payment conditions (§ 5240.124). This section is consistent with § 5240.104. Only the time spent at a site which results in face-to-face service with a person in crisis is billable at the unit rate, and a unit of service is 15 minutes or a major portion thereof.

Subchapter F. Crisis Residential Service

Service description (§ 5240.141). This section specifies that these are small facilities that provide residential accommodations and continuous supervision for individuals in crisis. The service provides a temporary place to stay for consumers who need to be removed from a stressful environment or who need a place in which to stay to stabilize or until other arrangements are made. Access shall be made through approved referral sources.

County administrator's responsibilities (§ 5240.142). This section repeats the oversight requirements of §§ 5240.102 and 5240.122.

Facility requirements (§ 5240.143). This section obligates providers to National, State and local laws relating to building codes, access and food preparation and handling. Violation of these laws may be cause to withdraw the Department's licensure and terminate eligibility under this chapter. Capacity of the provider facility is limited to eight beds as being a reasonable size for such a facility. The provision that the facility be appropriate for the purpose for which it is used is intended to give licensing and other oversight authorities maximum latitude in inspections. A facility may not serve both adolescents and children, and distinct units for older children or adolescents are encouraged. Staff persons serving children's or adolescent's units, or both, shall have appropriate training and access to appropriately trained medical and mental health back-up. Finally, to prevent the facilities from being used for violent persons or for commitment purposes, occupancy shall be voluntary and the facilities unlocked from the inside.

Provider responsibilities (§ 5240.144). This section, consistent with other subchapters, requires to have a plan showing how services are provided which is approved by the county administrator. The administrator shall also approve and review annually a list of approved referral sources. Providers shall ensure that all individuals have medical clearance before they are housed in the facility. Because of the relatively longer contact with individuals in crisis, this service is able to provide a more extensive array of services. In addition to room and board and limited recreation, services include intake, examination and an evaluation, including a medical examination and diagnosis for consumers housing over 24 hours, counseling, crisis stabilization and medication. Linkages and referrals shall be made through county health case management service providers for publicly funded consumers. The service shall be separately identified with a full-time supervisor. Medical professionals and mental health professionals provide overall supervision and individual supervision of the staff persons, which may also include mental health workers, medical assistants or aides. Two staff members shall be on duty at all times, one of whom shall be a medical professional or a mental health professional. An individual authorized to administer medication shall be available for prompt response at all times plus physician back-up to authorize medication.

Payment conditions (§ 5240.145). This section is intended to emphasize the temporary nature of the service. The service is billable while the consumer is in residence. A unit of service is set at 8 hours or a major portion thereof, and a maximum stay is set at 120 hours (5 days). However, in compliance with Medicaid requirements and to meet special circumstances, an additional stay is authorized if recommended by a physician, psychiatric nurse practitioner, licensed psychologist or licensed social worker and approved by the county administrator. The practitioners are professionals recognized by the Commonwealth by licensure or certification and approved to authorize the service in the approved Medicaid State Plan. The county administrator shall approve an additional stay under the administrator's own responsibility as program and fiscal overseer.

Appendix A. The appendix accompanying this chapter sets forth the Children, Adolescent Service System Program (CASSP) and Community Support Program (CSP) principles which state the guiding philosophy for the delivery of mental health services to children and adolescents, and adults respectively. These principles establish the manner of delivery and ultimate goals of the services set forth in the chapter.

Fiscal Impact

Public Sector

Commonwealth

This chapter is intended to establish standards for the delivery of MHCI services which are presently provided under program funding and to draw Federal revenue to permit service expansion or the establishment of services under this chapter which are not presently available in the area. Crisis services are intended to provide screening, problem resolution and referrals before situations escalate to an emergency or other higher level of intensity and service.

County Government

The county administrator is the fiscal manager for MHCI services in the county or joinder. The administrator shall authorize and establish conditions for the provision of services. Only the telephone crisis service is mandated. Program funding, which the administrator manages, provides payment for services or the State match for Medicaid eligible payments to providers. Under these conditions, there should be no additional cost to counties for MHCI services.

Private Sector

Providers may be either county programs or private providers. Private providers shall contract with the county to provide services. The Department does not expect that they will accept contracts which are detrimental to themselves. Federal reimbursements for Medicaid covered services will go directly to providers.

General Public

Services under this chapter will greatly benefit the general public by providing centralized, standardized, quality services for prompt response to individuals in crisis. Services will be established and prioritized according to the county needs-based planning in which the public participates. These services network with community resources which include, but are not limited to, other public mental health services. These are community services which are not limited to people with a diagnosed mental illness or emotional disorder. The services carry a fiscal liability under Departmental regulations to identified persons able to pay. Liability may be waived by county administrators.

Paperwork Requirements

Commonwealth

The Department will license providers and provide yearly inspections. Providers shall be enrolled in MA for Medicaid claims processing. The Department will establish, monitor and update rates and allocate funds to administrators. The Department will monitor and compile data reports and provide utilization review to assure proper payments and quality of care.

County Government

County administrators are gatekeepers for MHCI services and shall identify and contract with providers for services unless the county is the provider. County administrators shall be accountable for paying for the services and assure that State funds are identified as match for Medicaid payments. Administrators shall see that providers comply with this chapter, and review and approve plans for service delivery and authorize referral sources. Since crisis services exist under program funding, county administrators are now performing most of these requirements in a less standardized manner. County needs will vary and an estimate of needs cannot be made.

Private Sector

Providers will be required to establish written policies for providing services, compile and maintain personnel records, service contracts with consultants, if needed, and letters of agreement with referral sources and frequently used community resources. Providers will have to obtain a license and enroll in MA. They will be required to to compile and maintain service records and do billing. Requirements vary between services with telephone services making many contacts but maintaining the least comprehensive record per contact. Crisis residential service providers, at the other extreme, will have fewer contacts but are required to have more documentation, especially for individuals housed over 24 hours. Paperwork requirements will vary according to the service provided, the size of the program and the area served.

Effective Date

The regulations become effective upon publication as final form in the *Pennsylvania Bulletin.*

Sunset Date

There is no sunset date for these regulations. The Department will monitor as well as license and manage the services, and it will be periodically reviewed by the MH/MR Advisory Council, the Mental Health Planning Council and other interested groups.

Public Hearings

These regulations were developed and reviewed by representatives of counties, providers, consumers and families. There are currently no plans to hold public hearings.

Public Comment Period

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed regulations to the Department of Public Welfare, Stanley Goehring, Program Specialist, Office of Mental Health, (717) 787-7666, 502 Health and Welfare Building, Harrisburg, Pa. 17120, within 30 calendar days after the date of publication of this notice of proposed regulations in the *Pennsylvania Bulletin.* All comments received within 30 calendar days will be reviewed and considered in the preparation of the final regulations. Comments received after the 30-day comment period will be considered for any subsequent revisions of these regulations.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), the agency submitted a copy of these proposed regulations on February 18, 1993, to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Committee on Health and Welfare and the Senate Committee on Public Health and Welfare. In addition to submitting the proposed regulations, the agency has provided IRRC and the Committees with a copy of a detailed regulatory analysis form prepared by the agency in compliance with Executive Order 1982-2, "Improving Government Regulations." A copy of this material is available to the public upon request.

If IRRC has any objections to any portion of the proposed regulations, it will notify the agency within 30 days after the close of the public comment period. The notification shall specify the regulatory review criteria which have not been met by that portion. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the regulations of objections raised, by the agency, the General Assembly and the Governor.

KAREN F. SNIDER,
Secretary

Fiscal Note: 14-400. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 55. PUBLIC WELFARE

PART VII. MENTAL HEALTH MANUAL

Subpart D. NONRESIDENTIAL AGENCIES/FACILITIES/SERVICES

CHAPTER 5240. CRISIS INTERVENTION SERVICES

Subchapter A. GENERAL PROVISIONS

GENERAL

ELIGIBILITY

RESPONSIBILITIES

REQUIREMENTS

CONSUMER RIGHTS

PAYMENT

GENERAL

§ 5240.1. Policy.

Crisis intervention services are immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress which are provided to adults, adolescents and 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. MHCI includes intervention, assessment, counseling, screening and disposition services which are commonly considered appropriate to the provision of mental health crisis intervention.

§ 5240.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Adolescent—An individual 14 to 18 years of age or to 21 years of age if enrolled in special education.

CSP—Community Support Programs—An organized network of caring and responsible people committed to assisting persons with long-term mental illness to meet their needs and develop their potentials and to avoid becoming unnecessarily isolated or excluded from the community.

CASSP—Children, Adolescent Service System Program Agencies—Mental health, mental retardation, child welfare, drug and alcohol, education, health and juvenile justice agencies which serve children and adolescents and their families.

Children—Individuals under 14 years of age.

County administrator—The MH/MR administrator who has jurisdiction in the geographic area.

Consumer—An individual who has received mental health treatment or case management services in the past or who is currently receiving these services, including MHCI services.

County plan—A county plan and budget which describes how crisis intervention services will be made available, including the anticipated expenditures for the services.

Crisis—An immediate stress producing situation which causes acute problems of disturbed thought, behavior, mood or social relationships requiring immediate intervention.

Department—The Department of Public Welfare of the Commonwealth.

Enrolled provider—A county MH/MR program or private agency specifically identified as a provider of crisis intervention services in the county plan which has been approved by the Department and enrolled by the Office of Mental Health for claims processing through the Office of Medical Assistance Programs.

Facility—A building or a part of a building in which a provider is located and renders service.

Family members—Parents, as defined in this section, siblings and other relatives living in the home.

License—A certificate of compliance issued by the Department authorizing the operation of crisis intervention services at or from a given location, or a specific period of time, according to appropriate Departmental program licensure or approval regulations.

MA—Medical Assistance.

MH/MR—Mental Health/Mental Retardation.

MHCI—Mental Health Crisis Intervention.

Medical clearance—An evaluation by a licensed physician who affirms that no medical conditions are present which preclude involvement in the placement.

Mental health direct care experience—Working directly with adult, adolescent or child mental health service consumers, providing services involving casework or case management, individual or group therapy, crisis intervention, early intervention, vocational training, residential care or social rehabilitation in a mental health facility or in a facility or program that provides services to mental health consumers, or in a nursing home, a juvenile justice agency or a child and adolescent service agency.

Parent—The biological or adoptive mother or father or the legal guardian of the child or a responsible relative or caretaker with whom the child regularly resides.

Provider—The agency responsible for the day-to-day operation and management of the crisis intervention service.

Special populations—Persons with a serious mental illness who are homeless, elderly, hearing impaired, dually diagnosed (mental illness with substance abuse or mental retardation, or both), HIV positive, involved in the criminal justice system (forensic), members of racial or ethnic minority groups, or persons with unique needs

requiring specially designed mental health services or coordination, with other State agencies.

Staff—Persons employed by the MHCI providers either directly or under contract, who through education and experience are qualified to oversee or directly provide MHCI services under this chapter.

Unit—The term refers to a provider organization as distinct from the physical facility.

§ 5240.3. Organization.

(a) Each county or joinder shall assure 24 hours a day, 7 days a week availability of MHCI telephone service. MHCI telephone service shall serve as a referral source to other MHCI service providers with other referral sources approved by the county administrator.

(b) A licensed MHCI service provider may be approved for one or more MHCI services:

(1) Telephone crisis service.

(2) Walk-in crisis service.

(3) Mobile crisis service.

(4) Medical-mobile crisis service.

(5) Residential crisis service.

(c) Each MHCI service unit shall be separately identified with an identified unit supervisor within the provider organization.

(d) An MHCI supervisor may oversee more than one service within a single provider organization.

(e) An area served by a medical-mobile crisis service shall also be served by a mobile crisis service.

ELIGIBILITY

§ 5240.11. Provider participation.

(a) County MH/MR programs and public and private agencies are eligible to enroll under the MA Program to provide MHCI services if they are specifically designated as MHCI providers in the currently approved county plan.

(b) Providers approved by the Department shall sign a provider agreement, as specified in Chapter 1101 (relating to general provisions), to participate as providers of MHCI services.

(c) Providers shall complete an enrollment information packet which will permit Federal share reimbursments through MA.

(d) Providers approved by the Department as meeting the provisions of this chapter shall be licensed and eligible to provide specific, approved MHCI services.

(e) A provider shall be in compliance with Chapter 20 (relating to licensure or approval of facilities and agencies).

(f) If there is conflict or inconsistency with the provisions of another regulation, this chapter prevails.

§ 5240.12. Service eligibility.

Mental health crisis intervention services shall be reimbursable when provided to adults, adolescents and children and their families who exhibit an acute problem of disturbed thought behavior, mood or social relationships.

RESPONSIBILITIES

§ 5240.21. Responsibilities of county administrators.

The county administrator shall:

(1) Assure that providers that receive public funds and provide services described in this chapter are licensed as MHCI providers and abide by this chapter.

(2) At least annually monitor and evaluate MHCI providers to ensure that services are provided in compliance with requirements of the county plan and this chapter.

(3) Provide fiscal and program reports as required by the Department under § 4200.32 (relating to powers and duties).

(4) Certify that State matching funds are available for Medicaid compensable services.

§ 5240.22. Responsibilities of providers.

Each MHCI provider shall:

(1) Comply with this chapter.

(2) Submit reports as required by the Department and the county administrator.

(3) Establish a written training plan for each MHCI service provided, which shall:

(i) Specify training for each staff classification that shall be completed before a staff member may provide MHCI services.

(ii) Establish ongoing training requirements for staff members.

(iii) Have as its primary objective enabling staff persons to identify a crisis and provide MHCI services to adults, adolescents and children in an age appropriate and culturally competent manner in accordance with CASSP and CSP principles. See Appendix A (relating to CASSP and CSP principles).

(iv) Be approved by the county administrator and reviewed yearly.

(4) Each provider shall establish a written protocol for each MHCI service which shall state the policy and guidelines for responding to specific situations, including threats of harm to self or others and other common or foreseen crisis situations. The protocol shall:

(i) Address services to children, adolescents and their families and special populations to be served.

(ii) Address the notification of family members of children, adolescents and adults.

(iii) Address procedures which will provide continuity of care for individuals and monitor outcomes to the greatest extent possible.

(iv) Be approved and reviewed annually by a physician (preferably a psychiatrist), a licensed psychologist, a licensed social worker, a certified registered nurse practitioner in the area of psychiatric nursing or a registered nurse with a master's degree in nursing and a major in psychiatric nursing.

(5) Providers authorized to administer medication shall maintain a written protocol for the storage and administration of drugs which has been approved by a physician and reviewed yearly.

(6) The primary responsibility of providers is to respond to and seek to resolve a crisis situation. The provision of services shall take precedence over intake.

(7) An agreement shall be on file assuring that psychiatric or other physician back-up is available by telephone within 1 hour.

(8) Providers shall have available a list of community resources for adults, adolescents and children in crisis.

(9) Providers shall post consumer rights and notify individuals and family members of their rights.

§ 5240.23. Recordkeeping.

(a) Providers shall maintain records for a minimum of 4 years.

(b) Provider records shall, at a minimum, contain the following:

(1) Copies of required inspection reports, certifications or licenses by Federal, State and local agencies.

(2) Documents which verify employe work schedules, such as payroll records and employe time sheets.

(3) A job description for each employe.

(4) A schedule of fees or charges.

(5) Affirmative action policies.

(6) Documents which verify employe qualifications and training as described in this chapter.

(7) Training and service protocols.

(8) A medication protocol, if appropriate.

(9) A record of supervision and training.

(10) Letters of agreement with frequently used referral sources such as CASSP agencies, police, hospitals and other MHCI service providers.

(11) A record of an appeals process which conforms to Chapter 275 (relating to appeal and fair hearing).

(12) A schedule of medical/psychiatric back-up.

§ 5240.24. Case records.

(a) Records for each MHCI service shall be specifically identified and may be integrated with the consumer's other service records which are maintained by the provider.

(b) The case record shall contain, at a minimum, the following information.

(1) Identifying information on the persons served.

(2) A description of the contact encompassing the reason for the contact, staff involved, services provided, crisis resolution referrals and outcomes.

(3) For crisis residential services only, a medical clearance is required. (See Subchapter F (relating to crises residential service)).

(c) Entries shall be signed by the staff person providing the service or by the senior staff person if services are team delivered.

(d) Entries shall show the dates of service and the time of the beginning and end of each service.

REQUIREMENTS

§ 5240.31. Staff requirements.

(a) To qualify as a mental health professional under this chapter, an individual shall have at least one of the following:

(1) A master's degree in social work, psychology, rehabilitation, activity therapies, counseling, education or related fields and 3 years of mental health direct care experience.

(2) A bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education or a related field, or be a registered nurse, and 5 years of mental health direct care experience, 2 of which shall include supervisory experience.

(3) A bachelor's degree in nursing and 3 years of mental health direct care experience.

(4) A registered nurse license, certified in psychology or psychiatry.

(b) MHCI service crisis workers who are not mental health professionals shall be supervised by a mental health professional and one of the following:

(1) Have a bachelor's degree with major course work in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, nursing, counseling, education or a related field.

(2) Be a registered nurse.

(3) Have a high school diploma or equivalency and 12 semester credit hours in sociology, social welfare, psychology, gerontology or other social science and 2 years of experience in public or private human services with 1 year of mental health direct care experience.

(4) Have a high school diploma or equivalency and 3 years of mental health direct care experience in public or private human services with employment as a mental health staff person prior to January 1, 1992.

(5) Be a consumer or a family member who has 1 year of experience as an advocate or leader in a consumer or family group, and has a high school diploma or equivalency.

(c) Staff persons employed by a provider who have 5 years experience as a supervisor of mental health services in a mental health agency prior to January 1, 1992, are exempted from this section.

(d) An MHCI service medical professional is one of the following:

(1) A psychiatrist.

(2) A physician with 1 year of mental health service experience in diagnosis, evaluation and treatment.

(3) A certified registered nurse practitioner authorized in accordance with 49 Pa. Code § 21.291 (relating to institutional health care facility committee; committee determination of standard policies and procedures) to diagnose mental illness.

(e) An MHCI service medical assistant is one of the following:

(1) A licensed practical nurse.

(2) A certified paramedic.

(3) A physician's assistant.

(f) An MHCI service aide or mobile aide has the following:

(1) A high school diploma or equivalency.

(2) Completed the provider's approved training requirements.

(g) Staff of a program serving children and adolescents under 18 years of age shall have clearance in accordance with 23 Pa.C.S. § 6344 (relating to information relating to prospective child-care personnel).

§ 5240.32. Quality assurance and utilization review.

The quality of each crisis intervention service shall be ensured by written provider procedures which include quarterly staff conferences and case reviews, required

attendance at training programs for staff members and other oversight. Services are subject to review by the Department and appropriate agencies in accordance with §§ 1101.71—1101.75 and by authorized agents of the county government.

§ 5240.33. Conflict of interest.

When an agency that provides MHCI services also provides other mental health services, the responsible county administrator shall ensure that the provider agency:

(1) Does not restrict the freedom of choice of an individual in crisis, or the parent if the individual is a child, when nonemergency referrals are made or other services are solicited in a nonemergency situation.

(2) Fully discloses that other services which the provider agency performs could be obtained from another agency if the consumer so desires.

(3) Makes available to each individual in crisis and parent, if the individual is a child, a listing of mental health treatment, rehabilitation and support services available within a reasonable proximity to the individual's home where needed services could be obtained and if the individual in crisis or parent, if the individual is a child, so desires, the MHCI worker shall assist the individual in accessing those services. This information shall be made available to family members of adults in crisis if there is documentation of the adult's assent.

CONSUMER RIGHTS

§ 5240.41. Consumer participation.

(a) An individual or parent, if the individual is a child under 14 years of age, has the right to refuse medication or placement in a crisis residence, or terminate service without prejudice to other parts of the treatment program and future services.

(b) An adolescent 14 to 18 years of age may consent to or reject service under the Mental Health Procedures Act (50 P. S. §§ 7101—7503).

(c) Parents shall be notified prior to intervention if the individual is a child. If an individual is 14 years of age or older, parents shall be notified and parental involvement shall be sought unless the individual in crisis objects.

(d) A service decision may not be made in violation of an individual's civil rights.

(e) Consumers have the right to appeal the provision of service in accordance with Chapter 275 (relating to appeal and fair hearing).

(f) A provider may not discriminate against consumers or staff persons on the basis of age, race, sex, religion, ethnic origin, disability, economic status or sexual preference and shall comply with applicable State and Federal statutes, including Chapter 5100 (relating to mental health procedures) and section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), relating to nondiscrimination on the basis of handicap or disability, and the Americans with Disabilities Act (42 U.S.C.A. §§ 12101—12213).

§ 5240.42. Notice of confidentiality.

Individuals receiving services are entitled to confidentiality of records and information as set forth in §§ 5100.31—5100.39 (relating to confidentiality of mental health records) and other applicable Federal and State requirements.

PAYMENT

§ 5240.51. Payment for MHCI services.

To receive payment for MHCI services under this chapter the following apply:

(1) A provider shall comply with Chapter 4300 (relating to county mental health and mental retardation fiscal manual).

(2) There is liability for billable services under Chapter 4305 (relating to liability for community mental health and mental retardation services) unless superseded by this chapter. The individual in crisis who is receiving service is the liable person under Chapter 4305.

(3) MHCI services are exempt from MA copayment charges.

(4) Payment for a unit of service is made at a Departmentally established fee-for-service rate.

(5) Fees which are based on costs shall be reconciled annually.

(6) Emergency psychiatric/medical services provided by a hospital emergency room or ambulance personnel are not reimbursable under this chapter.

(i) Referrals to an ambulance or hospital emergency room provider are reimbursable.

(ii) MHCI services and emergency or other treatment services are compensable on the same day.

Subchapter B. TELEPHONE CRISIS SERVICE

Sec.
5240.71. Service description.
5240.72. County administrator's responsibilities.
5240.73. Provider responsibilities.
5240.74. Payment conditions.

§ 5240.71. Service description.

The telephone crisis service is a 24-hour a day, 7 days a week "hot-line" service available in each MH/MR catchment area throughout the State which screens incoming calls and provides appropriate counseling, consultation and referral to individuals who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. Service is also provided to callers who represent or seek assistance for individuals who are exhibiting these problems.

§ 5240.72. County administrator's responsibilities.

Administrators shall be responsible to assure telephone crisis service availability 24 hours a day, 7 days a week throughout the geographic area.

§ 5240.73. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how services are provided. The telephone shall be answered by a member of the crisis staff, not by a recording or other mechanical device.

(b) A written plan shall show the organizational structure of the program.

(1) Overall supervision of the unit, as well as individual supervision, shall be carried out by a mental health professional.

(2) MHCI telephone crisis services shall be provided by mental health professionals and workers qualified under § 5240.31 (relating to staff requirements).

§ 5240.74. Payment conditions.

(a) Only the time spent in direct telephone contact with a person in crisis, or a parent if the person is a child, may be billed at the unit rate. Costs necessary for other activities required for the service are built into the rate.

(b) A unit of service is 15 minutes or a major portion thereof.

Subchapter C. WALK-IN CRISIS SERVICE

Sec.
5240.91. Service description.
5240.92. County administrator's responsibilities.
5240.93. Provider responsibilities.
5240.94. Payment conditions.

§ 5240.91. Service description.

The walk-in crisis service is service provided at a provider site in face-to-face contact with individuals in crisis or with individuals seeking help for persons in crisis. Service is available at a designated facility. Service includes assessment, information and referral, crisis counseling, crisis resolution, accessing community resources and back-up, including emergency services and psychiatric or medical consultation. The service also provides intake, documentation, evaluation and follow-up.

§ 5240.92. County administrator's responsibilities.

(a) Administrators shall assure that providers adhere to this chapter and provide prompt service availability.

(b) Administrators shall maintain a record of providers of walk-in crisis services showing service availability.

§ 5240.93. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file, showing how services are provided.

(b) A written plan shall show the organizational structure of the program.

(1) Overall supervision of the unit, as well as individual supervision, shall be carried out by a mental health professional.

(2) MHCI walk-in crisis services shall be provided by mental health professionals and workers qualified under § 5240.31 (relating to staff requirements).

§ 5240.94. Payment conditions.

(a) Only the time spent in face-to-face contact with a person in crisis is billable at the unit rate. Administrative and other costs necessary for the service are built into the rate.

(b) A unit of service is 15 minutes or a major portion thereof.

Subchapter D. MOBILE CRISIS SERVICE

Sec.
5240.101. Service description.
5240.102. County administrator's responsibilities.
5240.103. Provider responsibilities.
5240.104. Payment conditions.

§ 5240.101. Service description.

The mobile crisis service is service provided at a community site which is the place where the crisis is occurring or a place where a person in crisis is located. The service shall be available with prompt response. Service may be individual or team delivered by mental health professionals or workers. Service includes crisis intervention, assessment, counseling, resolution, referral and follow-up. Extended service by mobile crisis aides is available. The service provides back-up and linkages with other services and referrals. Access to mobile crisis service shall be obtained through approved sources.

§ 5240.102. County administrator's responsibilities.

(a) Administrators shall assure that providers adhere to this chapter and provide prompt service availability.

(b) Administrators shall maintain a record of providers of mobile crisis service showing service availability.

(c) Administrators shall approve and maintain a list of approved referral sources. This list shall be reviewed and approved yearly.

§ 5240.103. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how prompt service availability is assured.

(1) A list of referral sources authorized to activate the service shall be on file.

(2) The list of referral sources shall be approved by the county administrator and reviewed annually.

(b) A written plan shall show the organizational structure of the program.

(1) Overall supervision of the unit, as well as individual supervision, shall be carried out by a mental health professional.

(2) MHCI mobile crisis service shall be provided individually or in teams by mental health professionals and workers qualified under § 5240.31 (relating to staff requirements).

(3) Mobile crisis aides may be assigned by a provider to be with a consumer who has received crisis service to monitor and help stabilize the consumer's behavior. Each assignment of mobile crisis aides shall be approved by a physician or a supervisor who is a mental health professional.

(4) Referrals for ongoing service for publicly funded consumers may be made through the county administrator or a licensed or approved mental health service provider who provides case management.

§ 5240.104. Payment conditions.

(a) Only the time spent by a staff member, mental health professional or worker, at a site which results in a face-to-face contact with a person in crisis, is billable at the unit rate. A unit of service is 15 minutes or major portion thereof.

(b) The time spent by a mobile crisis aide onsite with the person in crisis is billable at the unit rate. A unit of service is 4 hours or a major portion thereof.

(c) Administrative and other costs necessary for the service are built into the rate.

Subchapter E. MEDICAL MOBILE CRISIS TEAM SERVICE

Sec.
5240.121. Service description.
5240.122. County administrator's responsibilities.
5240.123. Provider responsibilities.
5240.124. Payment conditions.

§ 5240.121. Service description.

The medical mobile crisis team service is service provided in the community directly to an individual in crisis by a team consisting of a person authorized to administer medication and a mental health professional or a crisis worker. Unless one team member is a physician, there shall be mobile telephone linkage with a physician for

medical back-up and authorization to administer medication. The medical mobile crisis team shall be called in situations where it is known or anticipated that medication will be required. The service shall supplement rather than be a substitute for mobile crisis services in the area. The service is accessed through approved sources.

§ 5240.122. County administrator's responsibilities.

(a) Administrators shall assure that providers adhere to this chapter and provide prompt service availability.

(b) Administrators shall maintain a record of providers of medical mobile crisis service showing service availability.

(c) Administrators shall approve and maintain a list of approved referral sources. This list shall be reviewed and approved yearly.

§ 5240.123. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how service is provided.

(1) A list of referral sources authorized to activate the service shall be on file.

(2) The list of referral sources shall be approved by the county administrator and reviewed annually.

(b) A written plan shall show the organizational structure of the program.

(1) Service is provided by treatment teams composed of one medical professional, an RN, or medical assistant qualified to administer medication and another person who is a mental health professional or worker. Staff persons shall qualify under § 5240.31 (relating to staff requirements). A treatment team shall have either a medical professional or mental health professional present.

(2) Supervision of the unit and individual supervision shall be provided by a medical professional or mental health professional.

§ 5240.124. Payment conditions.

(a) Only the time spent by a medical mobile crisis team at a site which results in a face-to-face contact with a person in crisis, is billable at the unit rate. Administrative and other costs necessary for the service are built into the rate.

(b) A unit of service is 15 minutes or a major portion thereof.

Subchapter F. CRISIS RESIDENTIAL SERVICE

Sec.
5240.141. Service description.
5240.142. County administrator's responsibilities.
5240.143. Facility requirements.
5240.144. Provider responsibilities.
5240.145. Payment conditions.

§ 5240.141. Service description.

The crisis residential service is a service provided at small facilities that provide residential accommodations and continuous supervision for individuals in crisis. The service provides a temporary place to stay for consumers who need to be removed from a stressful environment or who need a place in which to stay to stabilize or until other arrangements are made. Access shall be provided through approved referral sources.

§ 5240.142. County administrator's responsibilities.

(a) Administrators shall assure that providers adhere to this chapter and provide prompt service availability.

(b) Administrators shall maintain a record of providers of crisis residential service showing service availability.

(c) Administrators shall approve and maintain a list of approved referral sources. This list shall be reviewed and approved yearly.

§ 5240.143. Facility requirements.

(a) Facility capacity is limited to eight beds.

(b) The facility shall meet National, State and local laws relating to building codes and access and food preparation and handling.

(1) The facility shall be appropriate for the purpose for which it is used.

(2) One facility may not serve both adults and children.

(3) Staff persons of adolescent and children's units shall have training in child's mental health as well as access to mental health and medical professionals with education and training in child development and child mental health issues.

(4) Facilities for children and adolescents shall be age appropriate. They may include distinct units for older children or adolescents, or both.

(c) A facility shall be unlocked from the inside and occupancy shall be voluntary.

§ 5240.144. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how service is provided.

(b) The provider shall have on file a list of referral sources approved by county administrator. This list shall be reviewed and approved annually.

(c) The provider shall ensure that individuals have medical clearance prior to placement in the facility.

(d) Provider services includes:

(1) Intake.

(2) Examination and evaluation. Assurance that a medical examination and diagnosis is made for consumers housed over 24 hours.

(3) Room and board.

(4) Counseling and crisis stabilization.

(5) Limited recreational activities.

(6) Linkages and referrals through county mental health case management service providers for publicly funded consumers.

(7) Administration of medication.

(e) Organizational requirements are as follows:

(1) The crisis residential service shall be separately identified with a full-time supervisor.

(2) Overall supervision of the service and individual supervision shall be provided by a medical professional or a mental health professional.

(3) Additional staff may be mental health workers, medical assistants or aides.

(4) Staff persons shall qualify under § 5240.31 (relating to staff requirements).

(f) Two staff members shall be on duty at all times, one of whom shall be a medical professional or mental health professional.

(1) A person authorized under State law to administer medication shall be available for prompt response at all times.

(2) There shall be a physician back-up to authorize the administration of medication.

§ 5240.145. Payment conditions.

(a) Service is billable while the consumer is in residence.

(b) A unit of service is 8 hours or a major portion thereof.

(c) A maximum stay is 120 hours. An additional stay is authorized if recommended by a physician, psychiatric nurse practitioner, licensed psychologist or licensed social worker and approved by the county administrator.

APPENDIX A. CASSP AND CSP PRINCIPLES

CASSP Principles

(a) *Core values for the system of care.*

(1) The system of care should be child-centered, with the needs of the child and family dictating the types and mix of services provided.

(2) The system of care should be community-based, with the focus of services as well as management and decision making responsibility resting at the community level.

(b) *Principles of services for children and adolescents in this Commonwealth.*

(1) Children and adolescents deserve to live and grow in nurturing families.

(2) Children and adolescents' needs for security and permanency in family relationships should pervade all planning.

(3) The family setting should be the first focus for treatment for the child or adolescent. Out-of-home placement should be the last alternative. Young children should not need to be in a State hospital to receive appropriate mental health treatment.

(4) Communities should develop a rich array of services for children and their families so that alternatives to out-of-home placement are available, such as home-based services, parent support groups, day treatment facilities, crisis centers and respite care.

(5) Parents and the child should participate fully in service planning decisions.

(6) The uniqueness and dignity of the child or adolescent and his family should govern service decisions. Individualized service plans should reflect the child or adolescent's developmental needs which include family, emotional, intellectual, physical and social factors. The older adolescent's right to risk should be considered. Children and adolescents should not need to be labeled in order to receive necessary services.

(7) The community service systems which are involved with the child and family should participate and share placement, program, funding and discharge responsibilities.

(8) The primary responsibility for the child or adolescent should remain with the family and community. Preplacement planning should include a discharge plan.

(9) Case management should be provided to each child and family to ensure that multiple services are delivered in a coordinated, time-limited and therapeutic manner which meet the needs of child and family.

(10) Each child should have an advocate.

CSP Principles

The CSP philosophy is embodied in a set of guiding principles, emphasizing client self-determination, individualized and flexible services, normalized services and service settings and service coordination:

(1) Services should be consumer-centered. Services should be based on and responsive to the needs of the client rather than the needs of the system or the needs of providers.

(2) Services should empower clients. Services should incorporate consumer self-help approaches and should be provided in a manner that allows clients to retain the greatest possible control over their own lives. As much as possible, clients should set their own goals and decide what services they will receive. Clients also should be actively involved in all aspects of planning and delivering services.

(3) Services should be racially and culturally appropriate. Services should be available, accessible and acceptable to members of racial and ethnic minority groups and women.

(4) Services should be flexible. Services should be available whenever they are needed and for as long as they are needed. They should be provided in a variety of ways, with individuals able to move in and out of the system as their needs change.

(5) Services should focus on strengths. Services should build upon assets and strengths of clients in order to help them maintain a sense of identity, dignity and self-esteem.

(6) Services should be normalized and incorporate natural supports. Services should be offered in the least restrictive, most natural setting possible. Clients should be encouraged to use the natural supports in the community and should be integrated into the normal living, working, learning and leisure time activities of the community.

(7) Services should meet special needs. Services should be adapted to meet the needs of subgroups of severely mentally ill persons, such as elderly individuals in the community or in institutions; young adults and youth in transition to adulthood; mentally ill individuals with substance abuse problems, mental retardation, or hearing impairments; mentally ill persons who are homeless; and mentally ill persons who are inappropriately placed within the correctional system.

(8) Service systems should be accountable. Service providers should be accountable to the users of the services and monitored by the State to assure quality of care and continued relevance to client needs. Primary consumers and families should be involved in planning, implementing, monitoring and evaluating services.

(9) Services should be coordinated. In order to develop community support services, services should be coordinated through mandates or written agreements that require ongoing communication and linkages between participating agencies and between the various levels of government. In order to be effective, coordination shall occur at the client, community and State levels. In addition, mechanisms should be in place to ensure continuity of care and coordination between hospital and other community services.

[Pa.B. Doc. No. 93-435. Filed for public inspection March 5, 1993, 9:00 a.m.]