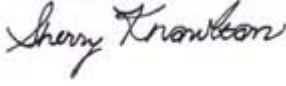
	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>	
	<b>SUBJECT</b>  Signature Requirements	<b>BY</b>   Sherry Knowlton Deputy Secretary for Medical Assistance Programs
<b>NUMBER:</b>	01-95-01, 29-95-01, 33-95-01, 41-95-01, 48-95-01, 50-95-01	
<b>ISSUE DATE:</b>	February 1, 1995	
<b>EFFECTIVE DATE:</b>	February 1, 1995	

**PURPOSE:**

To notify providers of outpatient wraparound mental health services or non-Joint Commission on Accreditation of Healthcare Organizations (non-JCAHO) accredited residential treatment facility services of the signature requirements for medical assistance.

**SCOPE:**

This bulletin applies to all provider type 50s, outpatient psychiatric clinics, outpatient psychiatric partial hospitalization programs, psychologists, and family based rehabilitation service providers that provide outpatient wraparound mental health services or non-JCAHO residential treatment facility services enrolled in the Medical Assistance Program.

**BACKGROUND:**

Medical assistance billing procedures require that all invoices must contain a recipient signature. The purpose of the signature is to certify that the recipient received the service from the provider indicated on the invoice. If the provider cannot obtain a signature on the invoice, the provider may obtain a signature on an encounter form. A parent, legal guardian, relative or friend may sign his or her name on behalf of a recipient, especially for children under fourteen years of age.

**DISCUSSION:**

Many children in the custody of County Children and Youth agencies (CCYAs) are receiving outpatient wraparound mental health services or non-JCAHO residential treatment facility services. Many of these children are not residing with their parents, legal guardians, or relatives; therefore, providers are not able to obtain a signature for services. Since the children are in custody of the CCYA, the Office of Children Youth and Families requested that a representative from the CCYAs be allowed to sign an invoice for services rendered to these children.

Effective immediately, the Office of Medical Assistance Programs will permit a parent, legal guardian, relative, friend, or legal custodian to sign an invoice or encounter form on behalf of a child. Therefore, a representative from the CCYA may sign for services rendered to a child in the agency's custody.

Managed Care organizations under contract with the Office of Medical Assistance Programs should follow this procedure.

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

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

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

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).