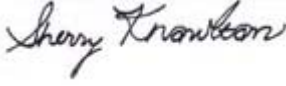
	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Outpatient Psychiatric Services for Children Under 21 Years of Age	BY  Sherry Knowlton Deputy Secretary for Medical Assistance Programs
NUMBER:	01-94-01, 41-94-01, 48-94-01, 49-94-01, 50-94-01	
ISSUE DATE:	January 11, 1994	
EFFECTIVE DATE:	January 1, 1994	

PURPOSE:

The purpose of this bulletin is:

1. To inform enrolled mental health providers that specific outpatient mental health services were added to the Medical Assistance (MA) Fee Schedule effective January 1, 1994, for children under 21 years of age.
2. To update the MA Fee Schedule to include these services.

SCOPE:

This bulletin applies to all Provider Type 50s, all enrolled psychiatrists (Provider Type 01), licensed psychologists (Provider Type 41), family-based rehabilitation service providers (Provider Type 48), and psychiatric certified registered nurse practitioners (Provider Type 49) providing mental health services to children under the age of 21, who are living with families or in family-like settings.

Families consist of parents, siblings, and other relatives living in the home. Parents are defined as 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. Family-like settings include foster homes or small group homes.

The services and procedures described in this bulletin apply directly to children served by fee-for-service providers, or who are enrolled in HealthPASS. Managed care programs, other than HealthPASS, provide the same mental health services, including all mental health wraparound services, directly to enrolled children. Requests for services should be made according to the procedures specified by each managed care program.

BACKGROUND:

MA regulations at § 1150.51 (i) (6) state that no payment will be made to a provider for procedures not listed in the MA Fee Schedule. The only exception to this policy is § 1150.63 which states that the Department may waive the general payment policy and, under extraordinary circumstances, pay for a medical service for which the MA Program does not have an established fee. This process is commonly referred to as the 1150 Waiver Request (MA 325).

Medical Assistance Bulletin Number 01-93-03, 29-93-02, 33-93-02, 41-93-01, 48-93-01, effective January 1, 1993, explained the policies, procedures and timeframes for providers to submit and the Department to respond to an 1150 Waiver Request (MA 325) for medically necessary mental health services not on the MA Fee Schedule.

DISCUSSION:

Effective January 1, 1994, the following outpatient mental health services were added to the MA Fee Schedule for children under 21 years of age:

- Mobile Therapy
- Therapeutic staff support

- Behavioral specialist consultant
- Diagnostic intellectual evaluation
- Individual diagnostic personality evaluation
- Comprehensive neuropsychological evaluation
- Comprehensive neuropsychological evaluation with personality assessment
- Cognitive retraining
- Psychological evaluation

A request for an 1150 Waiver (MA 325) for these services is no longer required when the services are rendered to children under 21 years of age.

EXCEPTION: Therapeutic staff support services must be approved through the 1150 Waiver Request Process (MA 325), if:

1. The frequency and amount of prescribed services will result in a cost that exceeds \$10,000 in any calendar month; or
2. Services continue to be medically necessary and prescribed in the treatment plan after the recipient has received four months of uninterrupted services.

These services may be provided separately or in combination. These services may be provided on the same day and with other medically-necessary services, so long as the psychiatric or psychological evaluation and the treatment plan in the medical record document the medical necessity for the services and specify the types of services recommended, and the required frequency and duration of each service.

NOTE: The rates established for these services are interim rates. Since many of these services are relatively new, the payment rate data, which the Department traditionally uses to establish rates for the MA Fee Schedule, is not available. The Department will continue to review actual cost data for these services and adjust the rates prospectively. This review will include requests to provide actual cost data and, in some cases, audits of actual costs.

REMINDER:

The addition of these services to the fee schedule is intended to facilitate, not dilute, individualized service planning. Therefore, providers should remember that other wraparound mental health services which are not already included on the MA Fee Schedule should still be developed in response to the individualized needs of children, and must be requested from the Office of Medical Assistance through the 1150 Waiver Process. (See Medical Assistance Bulletin # 01-93-03 "Accessing Mental Health Services Not Currently Included in the Medical Assistance Fee Schedule for Eligible Children and Adolescents Under 21 Years of Age").

REQUIREMENTS AND PROCEDURES:

Enrolled Provider Type 50s with licensed mental health programs, Provider Types 01, 41, 48 and 49 can now render these mental health services to MA eligible children without an 1150 Waiver Request (MA 325).

In addition to all existing MA policies and requirements related to the provision of services, the following requirements apply when providing mobile therapy, therapeutic staff support services, and behavioral specialist consultant services:

1. The provider of each service must submit a Service Description (Appendix A) to the Office of Mental Health (OMH) prior to the service initiation. One copy must be kept in the provider's files. The purpose of the submission to OMH is to develop a program history and to collect documentation for quality assurance reviews to ensure that services comply with MA service descriptions. Service Descriptions will be reviewed but formal approval or notification from the OMH of receipt of the Description is not required in order to initiate and bill for service.

Send Service Descriptions to the following address:

Bureau of Children's Services
 Office of Mental Health
 Room 502, Health & Welfare Bldg.
 Harrisburg, PA 17120

2. A Psychiatric or Psychological Evaluation of the child, to determine specific elements of medical necessity and to rule out the need for psychiatric hospitalization, must be performed prior to initiation of these services. Diagnosis must include Diagnostic and Statistical Manual III R Axes I-V, with specification of psychosocial stressors under Axis IV.

If a Psychiatric or Psychological Evaluation of the child was completed within the four months prior to initiation of services, and the Evaluation included a face-to-face with the child and documented medical necessity for the services, a new Evaluation is not required. If the Evaluation did not include both a face-to-face with the child and documentation of medical necessity, an addendum to the Evaluation, based upon a face-to-face evaluation, is acceptable.

The Psychiatric or Psychological Evaluation must be kept in the child's record and must be updated at least every four months.

3. The treatment plan must be developed and updated at a minimum of every four months in collaboration with the child and family as clinically needed. At least one parent must sign the treatment plan before services are rendered. If the child is an adolescent age 14 or older, he/she must sign the treatment plan.
4. A Plan of Care Summary ([Appendix B](#)) for each child receiving these mental health services must list other MA-funded services (intensive case management or other) as well as non-MA services offered by the provider agency or by other systems. The Plan of Care Summary must be updated every four months.
5. The treatment plan and Plan of Care Summary must be developed through an Inter-Agency Service Planning Meeting that includes family and involved systems and is held at least every four months.
6. Other medically necessary mental health services not on the MA Fee Schedule must be requested through the 1150 Waiver Request Process (MA 325).

A request for an exception to a fee schedule rate must also be made through the 1150 Waiver Request Process (MA 325). The following documentation must be submitted with the completed MA 325:

- a. Information from three providers to support the claim that the service is unavailable at the amount of the MA fee;
- b. The names, addresses and phone numbers of the three providers who were contacted; and
- c. The proposed rate for the service being requested.

RECOMMENDATIONS:

1. Services should be consistent with Child and Adolescent Service System Program (CASSP) Principles, including cultural competence.
2. The County MH/MR program and Area Office of Mental Health Children's Specialist ([Appendix C](#)) should be contacted for technical assistance with service development.
3. A copy of the Plan of Care and all four-month updates should be sent to the County Mental Health/Mental Retardation (MH/MR) program.

**MEDICAL ASSISTANCE PROGRAM FEE SCHEDULE
 OUTPATIENT PSYCHIATRIC SERVICES
 MOBILE THERAPY SERVICES
 (Limited to Individuals Under 21 Years of Age)**

For Provider Types:

- 01 – Psychiatrist
- 49 – Psychiatric Certified Registered Nurse Practitioner

Type Service	Procedure Code	Terminology	MA Fee
70	Y9610	Mobile Therapy Services (MA Fee includes travel and administrative costs)	\$21.00 per half hour (Limit of \$2,100.00 per week)

For Provider Type 41 – Psychologist

Type Service	Procedure Code	Terminology	MA Fee
PS	Y9610	Mobile Therapy Services (MA Fee includes travel and administrative costs)	\$21.00 per half hour (Limit of \$2,100.00 per week)

For Provider Type 48 – Family-Based Rehab Services – MH (Direct supervision must be provided by a senior clinical supervisor from the provider agency.)

Type Service	Procedure Code	Terminology	MA Fee
FB	Y9610	Mobile Therapy Services (MA Fee includes travel and administrative costs)	\$21.00 per half hour (Limit of \$2,100.00 per week)

For Provider Type 50 – Outpatient psychiatric wrap-around services (only staff from the licensed mental health program or its sub-contractor can provide this service. Direct supervision must be provided by a mental health professional in the licensed mental health agency or its subcontractor.)

Type Service	Procedure Code	Terminology	MA Fee
ES	Y9610	Mobile Therapy Services (MA Fee includes travel and administrative costs)	\$21.00 per half hour (Limit of \$2,100.00 per week)

DESCRIPTION OF MOBILE THERAPY SERVICES:

The mobile therapist, by definition, provides intensive therapeutic services to a child and family in settings other than a provider agency or office. Settings include the child's home, in particular. Other potential settings for the mobile therapist's services include the school, the church, the community center, a neighbor's or extended family member's home, and other community settings.

Services provided by a mobile therapist vary according to the individualized needs of a child and family. Core services include the following:

1. Assessment of strengths and therapeutic needs of child and family. Active listening, asking questions, and exchanging information with child and family are critical elements of the assessment.
2. Inclusion of child as a participant in his/her own treatment.
3. Inclusion of parents or other caretakers as members of the treatment team and as partners in treatment. Such inclusion requires that the family actively participate, in an ongoing manner, in the formulation, development, implementation, and monitoring of treatment efforts. Such participation presumes the family's broad knowledge about the child and the family's intention to contribute constructively to positive outcomes. Parental participation in Inter-Agency Treatment Team Meetings, Treatment Plan development/reviews, and Individual Education Plans (IEPs) is essential, and should be supported by the mobile therapist. However, family participation should occur throughout treatment, not just at the time of formal reviews.
4. Determination, with the family and the case manager, of any necessary family support services. Development, with the case manager and other involved professionals, of a plan to obtain identified services.
5. Provision of child-centered, family-focused, individual and family psychotherapy, as agreed upon by therapist and family. It is expected that the mobile therapist, in addressing defined problems, will utilize a strengths-based approach. Specific formats for individual and family therapy will vary according to the individualized needs of the child and may include, in the home or community setting, sessions with:
 - the child individually,

- the entire nuclear family,
 - the family and a community resource – minister, Scoutmaster, community leader, mentor, other;
 - the family and teacher, guidance counselor, or principal;
 - subsystems of any of the above, as clinically indicated and agreed upon.
6. Determination, in conjunction with child and family and other involved professionals, of the clinical need for special evaluations and services, such as medication assessment by a psychiatrist, psychological testing, or other.
 7. Collaboration with child and family and other involved professionals to develop daily routines during times of crisis and transition and a 24-hour crisis plan. Collaboration with other involved professionals and agencies in order to provide unified services and continuity of care to child and family.

MINIMUM STAFF QUALIFICATIONS:

- A. Licensed mental health professional; or
- B. An individual with a graduate mental health degree and at least one year experience in a CASSP system (employed by or under contract to Children and Youth Services, Juvenile Justice, Mental Health, Special Education, or Drug and Alcohol working with children), or employed by a licensed mental health services agency or subcontracted agency; and
- C. Act 33 clearance.

**MEDICAL ASSISTANCE PROGRAM FEE SCHEDULE
 OUTPATIENT PSYCHIATRIC SERVICES
 THERAPEUTIC STAFF SUPPORT SERVICES
 (Limited to Individuals under 21 Years of Age)**

For Provider Type 41 – Psychologist

Type Service	Procedure Code	Terminology	MA Fee
PS	Y9607	Therapeutic Staff Support Services (MA Fee includes travel and administrative costs)	\$15.00 per half hour (Limit \$3,840.00 per week)

For Provider Type 48 – Family-Based Rehab Services – MH (Direct supervision must be provided by a mental health professional in the licensed mental health agency.)

Type Service	Procedure Code	Terminology	MA Fee
FB	Y9607	Therapeutic Staff Support Services (MA Fee includes travel and administrative costs)	\$15.00 per half hour (Limit \$3,840.00 per week)

For Provider Type 49 – Certified Registered Nurse Practitioner

Type Service	Procedure Code	Terminology	MA Fee
70	Y9607	Therapeutic Staff Support Services (MA Fee includes travel and administrative costs)	\$15.00 per half hour (Limit \$3,840.00 per week)

For Provider Type 50 – Outpatient Psychiatric Wrap-around Services (only staff from the licensed mental health program or its subcontractor can provide this service. Direct supervision must be provided by a mental health professional in the licensed

mental health agency or its subcontractor.)

Type Service	Procedure Code	Terminology	MA Fee
ES	Y9607	Therapeutic Staff Support Services (MA Fee includes travel and administrative costs)	\$15.00 per half hour (Limit \$3,840.00 per week)

DESCRIPTION OF THERAPEUTIC STAFF SUPPORT SERVICES:

Therapeutic staff support services provide one-on-one interventions to a child or adolescent at home, school, day care, YMCA, emergency room, other community-based program, or community setting when the behavior without this intervention would require a more restrictive treatment or educational setting.

Specific therapeutic staff support services include: crisis intervention techniques, immediate behavioral reinforcements, emotional support, time-structuring activities, time out strategies, passive restraints (when necessary), and additional psychosocial rehabilitative activities as prescribed in the treatment plan.

Therapeutic staff support may be provided by more than one individual during a 24-hour period, necessitating ongoing coordination of interventions among the individuals providing the support services.

Persons providing therapeutic staff support have the following tasks:

- a. Specific interventions to stabilize the child or adolescent.
- b. Support for the family's efforts to stabilize the child or adolescent and to promote age-appropriate behavior, by working with the family.
- c. Collaboration with other members of the treatment team and other professionals working in the home or in other community settings and participation in Inter-Agency Service Planning Meetings, when possible.

MINIMUM STAFF QUALIFICATIONS:

- a. An individual with a Bachelor's degree with training and experience in crisis intervention and one year of experience in a CASSP system (employed by or under contract to Children and Youth Services, Juvenile Justice, Mental Health, Special Education, or Drug and Alcohol working with children), or employed by a licensed mental health services agency or subcontracted agency; and
- b. Act 33 clearance.

**MEDICAL ASSISTANCE PROGRAM FEE SCHEDULE
 OUTPATIENT PSYCHIATRIC SERVICES
 BEHAVIORAL SPECIALIST CONSULTANT
 (Limited to Individuals Under 21 Years of Age)**

For Provider Types:

- 01 – Psychiatrist
- 49 – Psychiatric Certified Registered Nurse Practitioner

Type Service	Procedure Code	Terminology	MA Fee
70	Y9608	Behavioral Specialist Consultant (Doctoral level) (MA Fee includes travel and administrative costs)	\$15.75 per quarter hour
70	Y9609	Behavioral Specialist Consultant (Master's level) (MA Fee includes travel and administrative costs)	\$12.25 per quarter hour

For Provider Type 41 – Psychologist

Type Service	Procedure Code	Terminology	MA Fee
PS	Y9608	Behavioral Specialist Consultant (Doctoral level or licensed psychologist) (MA Fee includes travel and administrative costs)	\$15.75 per quarter hour
PS	Y9609	Behavioral Specialist Consultant (Master's level) (MA Fee includes travel and administrative costs)	\$12.25 per quarter hour

For Provider Type 48 – Family-Based Rehab Services – MH (Direct supervision must be provided by senior staff from the provider agency.)

Type Service	Procedure Code	Terminology	MA Fee
FB	Y9608	Behavioral Specialist Consultant (Doctoral level or licensed psychologist) (MA Fee includes travel and administrative costs)	\$15.75 per quarter hour
FB	Y9609	Behavioral Specialist Consultant (Master's level) (MA Fee includes travel and administrative costs)	\$12.25 per quarter hour

For Provider Type 50 – Outpatient psychiatric wrap-around services (only staff from the licensed mental health program or its sub-contractor can provide these services. Direct supervision must be provided by a mental health professional in the licensed mental health agency or its subcontractor.)

Type Service	Procedure Code	Terminology	MA Fee
ES	Y9608	Behavioral Specialist Consultant (Doctoral level or licensed psychologist) (MA Fee includes travel and administrative costs)	\$15.75 per quarter hour
ES	Y9609	Behavioral Specialist Consultant (Master's level) (MA Fee includes travel and administrative costs)	\$12.25 per quarter hour

DESCRIPTION OF BEHAVIORAL SPECIALIST CONSULTANT SERVICES:

In some cases of stabilization or on-going treatment of the child, specific expertise in behavioral management protocols is needed that the mobile therapist and therapeutic support staff cannot provide. Under such circumstances, and following agreement by child, family, and mental health professionals on the treatment team, a behavioral specialist consultant can be engaged as part of the treatment team if the service is included in the Treatment Plan.

The behavioral specialist consultant, in collaboration with other members of the treatment team, designs and directs the implementation of a behavior modification intervention plan which is individualized to each child or adolescent and to family needs. The behavioral specialist consultant identifies behavioral goals and intervention techniques, and recommends non-aversive behavioral change methods. Members of the treatment team and family provide the service directly to the child and/or family in the home, school, day care, emergency room, or other community program or setting.

The behavioral specialist typically serves as consultant to, and as requested by, the mobile therapist within the treatment team. While maintaining some direct contact with child and family, the behavior specialist consultant primarily provides assessment, program design and monitoring rather than direct therapy. The behavioral specialist consultant is expected to participate in Inter-Agency Service Planning Meetings. When questions or conflict around behavioral paradigms arise in other systems, such as the school (e.g. a review of a behavioral paradigm to help the child remain in school), the behavioral specialist consultant may participate in special child-centered, family-focused meetings along with the therapist.

MINIMUM STAFF QUALIFICATIONS:

- A. Licensed Doctoral level psychologist; or
- B. Licensed clinical psychologist; or
- C. Other master's level mental health clinicians with documented training in the field of behavioral modification

techniques or supervised by A or B; and

D. Act 33 clearance.

**MEDICAL ASSISTANCE PROGRAM FEE SCHEDULE
OUTPATIENT PSYCHIATRIC SERVICES
(Limited to Individuals Under 21 Years of Age; May Only Be Performed By a Licensed Psychologist)**

For Provider Type 41 – Psychologist

Type Service	Procedure Code	Terminology	Limit*	MA Fee
PS	Y9600	Diagnostic Intellectual Evaluation	5 hrs	\$26.25 per half hour
PS	Y9601	Individual Diagnostic Personality Evaluation	8 hrs	\$26.25 per half hour
PS	Y9602	Comprehensive Diagnostic Psychological Evaluation	10 hrs	\$26.25 per half hour
PS	Y9603	Comprehensive Neuropsychological Evaluation	12 hrs	\$26.25 per half hour
PS	Y9604	Comprehensive Neuropsychological Evaluation (with Personality Assessment)	12 hrs	\$26.25 per half hour
PS	Y9605	Cognitive Retraining	4 hrs/day 5 days/week	\$18.75 per half hour
PS	Y9606	Psychological Evaluation	3 hrs	\$26.25 per half hour

*** LIMIT OF 3 PER YEAR OF ANY COMBINATION OF THE PROCEDURE CODES LISTED ABOVE.**

For Provider Type 48 – Family-Based Rehab Services – MH

Type Service	Procedure Code	Terminology	Limit*	MA Fee
FB	Y9600	Diagnostic Intellectual Evaluation	5 hrs	\$26.25 per half hour
FB	Y9601	Individual Diagnostic Personality Evaluation	8 hrs	\$26.25 per half hour
FB	Y9602	Comprehensive Diagnostic Psychological Evaluation	10 hrs	\$26.25 per half hour
FB	Y9603	Comprehensive Neuropsychological Evaluation	12 hrs	\$26.25 per half hour
FB	Y9604	Comprehensive Neuropsychological Evaluation with Personality Assessment	12 hrs	\$26.25 per half hour
FB	Y9605	Cognitive Retraining	4 hrs/day 5 days/week	\$18.75 per half hour
FB	Y9606	Psychological Evaluation	3 hrs	\$26.25 per half hour

*** LIMIT OF 3 PER YEAR OF ANY COMBINATION OF THE PROCEDURE CODES LISTED ABOVE.**

For Provider Type 50 – Outpatient psychiatric wrap-around services (only staff from the licensed mental health program or its sub-contractor can provide these services.)

Type Service	Procedure Code	Terminology	Limit*	MA Fee
ES	Y9600	Diagnostic Intellectual Evaluation	5 hrs	\$26.25 per half hour
ES	Y9601	Individual Diagnostic Personality Evaluation	8 hrs	\$26.25 per half hour
ES	Y9602	Comprehensive Diagnostic Psychological Evaluation	10 hrs	\$26.25 per half hour
ES	Y9603	Comprehensive Neuropsychological Evaluation	12 hrs	\$26.25 per half hour
ES	Y9604	Comprehensive Neuropsychological Evaluation with Personality Assessment	12 hrs	\$26.25 per half hour
ES	Y9605	Cognitive Retraining	4 hrs/day 5 days/week	\$18.75 per half hour
ES	Y9606	Psychological Evaluation	3 hrs	\$26.25 per half hour

*** LIMIT OF 3 PER YEAR OF ANY COMBINATION OF THE PROCEDURE CODES LISTED ABOVE.**

STAFF QUALIFICATIONS:

- A. Licensed Psychologist
- B. Act 33 Clearance

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Division of Outpatient Programs
P.O. Box 8043
Harrisburg, PA 17105

or call
1-800-537-8861
1-800-932-0938

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.