



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MENTAL HEALTH
AUGUST 12, 1994

SUBJECT: Policy Clarification Regarding Family Based Mental Health Services in Conjunction with Psychosocial Wraparound Services

TO: FBMHS Project Directors
MH/MR Administrators
CASSP Coordinators

FROM: *Connie Dellmuth*
Connie Dellmuth, Director
Buereau of Children's Services

Regina Dunkinson
Regina Dunkinson
Director, OMAP

Questions continue to arise concerning the provision of psychosocial wraparound services in conjunction with Family Based Mental Health Services. The following guidelines are to clarify this policy.

Family Based Mental Health Services are a comprehensive 24 hour/7day a week service which includes aspects of treatment, case management and family supports. Psychosocial wraparound services are not to be substituted for the services of the Family Based Mental Health Program, but may be used to supplement Family Based Mental Health Services when the psychosocial wraparound services are medically necessary, are written into the Family Based Mental Health treatment plan, and are approved by an Interagency Service Planning Team Meeting.

1. Psychosocial wraparound services provided in conjunction with Family Based Mental Health Services must be:
 - a. only those services which are not defined by regulations as components of Family Based Mental Health Services (ex: Summer Therapeutic Camp or an After-School Program), or
 - b. medically necessary services which because of the intensity and level of need will require hours above and beyond the normal average hours per week which would be expected to be provided by a Family Based Mental Health Services Team (ex: 8 hours per day of Therapeutic Staff Support or in-home/out-of-home respite).

- c. provided following all requirements of the applicable Medical Assistance Bulletin, i. e., psychological or psychiatric evaluation, interagency service planning team, and supporting documentation.
2. When a family is receiving Family Based Mental Health Services, psychosocial wraparound Services may not be used in place of Family Based Mental Health Services for Crisis resolution, since Family Based Mental Health Services is a 24 hour/7 day intensive and comprehensive service to children and adolescents and their families, and is expected to provide crisis services to enrolled families.
3. Wraparound Services in conjunction with Family Based Mental Health Services require an Interagency Service Planning Team meeting, or in the event of an emergency situation agreement among the Family Based Mental Health Services Program, the family, and the case manager and/or CASSP Coordinator.
4. Wraparound Services must be written into and be clinically guided by the Family Based Mental Health Services treatment plan.
5. Wraparound Services for families enrolled in Family Based Mental Health Services must be implemented under the clinical direction of the assigned Family Based Mental Health Services Team and the team's supervisor or project director.

cc: OMH Area Directors
OMH Area Children's Specialists
Jean Foltz
Lenora Stern
Ron Bennett

MAY 6 1995

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MENTAL HEALTH

POLICY CLARIFICATION

CONTROL #: FB-01

SUBJECT: FBMHS - Rate Setting

ISSUE: Are Family Based Mental Health Service providers expected to adhere to a set productivity standard in the delivery of service?

ADDITIONAL INFORMATION: Annual Rate Setting Guidelines for this service indicate a productivity standard of 60% direct service. Cost settlement for fiscal year 9495 and forward will require all providers to meet this standard.

CLARIFICATION: Regulatory Base: In accordance with the program philosophy and annual rate setting guidelines, all direct service staff employed by the FBMHS program are expected to provide direct service at a productivity rate of 60%. When actual service delivery is indicative of a productivity level higher than 60%, the provider is encouraged to anticipate service delivery at a higher level. This will enable a more accurate draw of federal dollars throughout an entire year. Additionally, it will not force the issue to be dealt with in cost settlement.

DATE: 4/17/95

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MENTAL HEALTH

POLICY CLARIFICATION

CONTROL #: FB-02

SUBJECT: FBMHS - Rate Setting

ISSUE: Are FBMHS teams required to produce direct services at a ratio team vs. member units?

ADDITIONAL INFORMATION: Annual Rate Setting Guidelines indicate the split of team vs. member delivered units to be budgeted are permitted at a minimum time factor of 60% team and a maximum of 40% individual.

CLARIFICATION: Regulatory Base: As referenced in Policy Clarification FB-01, direct service FBMHS staff are required to provide service at a minimum of 60% productivity. Of that direct service time, each team member is expected to meet a time factor of 60% team delivered service and 40% member delivered service. Since the philosophy of service is a team model, if the program has a history of providing direct service at a time factor that justifies a factor of more than 60% team delivered service, the provider should budget accordingly in the rate setting package. The balance of time spent in member delivered service must fluctuate accordingly to budget 100% of the direct service time. The maximum variance in the time factor is 80% team and 20% member delivered service.

PLEASE NOTE: The time factor applies to each team member in the determination of annual units of service. When the total team and member units of service per team are combined, the service ratio by which you will monitor service will not be 60%:40%, rather 43%:57%. A variance from the 60%:40% split toward an 80%:20% split will change the service ratio.

DATE: 4/17/95

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MENTAL HEALTH

POLICY CLARIFICATION

CONTROL #: FB-03

SUBJECT: FBMHS Family Support Services

ISSUE: What are Family Support Services within the FBMHS program? How are they budgeted? Are they eligible for federal financial participation?

ADDITIONAL INFORMATION: Since the inception of FBMHS, there has been an allowance for Family Support Services. These services are considered by OMH to be a key element in the delivery of FBMHS. For that reason, they were incorporated into the rate setting package for FBMHS. While all providers are budgeting and planning for the Family Support Services, not all are utilizing them.

CLARIFICATION: Regulatory Base: Chapter 5260, Draft proposed regulations refer to Family Support Services and their importance in the delivery of FBMHS. Therefore, as a guideline in rate setting, OMH has required that a minimum of 5% and a maximum of 10% of each providers' budget be dedicated to FSS. FSS can include concrete services or tangible goods such as: Food, Furniture, Clothing, & Utilities. FSS can include other support services necessary to the child/family being served such as: respite, skills building training, support groups, & memberships. Again, the above items could all be considered FSS and are allowable when determining a reimbursement rate for FBMHS. Whether or not each item is eligible for federal financial participation (FFP) depends largely on the item. Concrete services ARE NOT FFP eligible. They must be paid from 100% state funds but should be considered as part of the 5 - 10% FSS. Other support services can be FFP eligible when they are provided for a FFP eligible consumer and when the services are directly related to the treatment plan.

DATE: 4/17/95

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MENTAL HEALTH

POLICY CLARIFICATION

CONTROL #: FB-04

SUBJECT: Billing Third Party Insurers

ISSUE: Should providers be billing third party insurances if available? What do you do if the payment received is less than the approved reimbursement rate?

ADDITIONAL INFORMATION: Some providers have received insurance reimbursement for having provided FBMHS. Payment received is sometimes less than the approved reimbursement rate. Therefore, MA could pay the difference in the payment.

CLARIFICATION: Regulatory Base: Chapter 1101.21 & 1101.64 (a) & (b)

When an individual is MA eligible and has insurance coverage, it is the responsibility of the provider to exhaust all benefits prior to billing Medical Assistance. In the event a partial payment is received, the remainder of the payment due should be paid from 100% state funds. In the event a rejection of payment is received, the payment should be charged to both state and federal sources according to the normal participation split. If the client is not MA eligible, the payment (or remaining portion) would be paid from 100% state funds.

DATE: 5/20/95

DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MENTAL HEALTH

POLICY CLARIFICATION

CONTROL #: FB-05

SUBJECT: FBMHS Billing for Collateral Contacts

ISSUE: What is a collateral contact as it relates to meetings and when is it billable?

ADDITIONAL INFORMATION: Meetings are held throughout the course of treatment that involve a variety of participants ranging from the identified patient and/or their family to other serving systems. The reasons for the meetings range from enabling integrated treatment and services to system interaction to interagency supervision.

CLARIFICATION: A meeting comprised of FBMHS staff only (i.e. supervisor/ employee; periodic updates to enable on-call coverage) IS NOT billable. It is considered part of the 40% maximum allowable time in which direct service is not required and part of the administrative overhead.

A meeting held by the FBMHS team with individuals such as a CASSP coordinator, a county representative, and/or service providers that focuses on a particular identified patient's FBMHS treatment needs would be billable for the period of time during which the case was discussed. MA billing would be contingent upon the eligibility of the identified patient.

DATE: 5/20/95

DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MENTAL HEALTH
POLICY CLARIFICATION

CONTROL #: FB-06

SUBJECT: FBMHS and Foster Care

ISSUE: Is there a time limit for FBMHS services rendered to a child placed in foster care? Can FBMHS be initiated when an identified child or adolescent is in an inpatient, residential treatment facility or foster care setting?

CLARIFICATION: Regulatory Base: proposed, 5260.12 (d) & (e)

The time limit for FBMHS rendered to a child placed in foster care is the same as that of any other identified child receiving service in FBMHS. The time limit is 32 weeks. If it is medically necessary to continue service beyond that time, additional time may be authorized by the county administrator.

FBMHS may be initiated 30 days prior to discharge from an inpatient, residential treatment facility, or foster care setting when the treatment plan is clear in its specific activities to assist the family at home or the school or other community agencies in their readiness to care for the child back in the home and community. The child must have the appropriate determination of eligibility and a recommendation for FBMHS treatment made by a physician or licensed psychologist prior to the initiation of service. An Interagency Service Planning team should also meet to coordinate services by multiple agencies or child-serving systems.

DATE: 5/20/95

DEPARTMENT OF PUBLIC WELFARE

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POLICY CLARIFICATION

CONTROL #: FB-07

SUBJECT: FBMHS relationship to ICM

ISSUE: Is there a limit to the amount of FBMHS or ICM that is permitted when the two services are being provided concurrently?

CLARIFICATION: Regulatory Base: 5221.22 (a) & (d) and proposed,
5260.22 (b), (3)

During the course of FBMHS, ICM services are limited to no more than two (2) billable contacts per month if the client was on an ICM caseload prior to entry into FBMHS. During the last thirty days prior to discharge from FBMHS, ICM involvement may increase to a maximum of eight (8) contacts. Reimbursement of ICM services is contingent upon discharge from FBMHS back into the community and involvement in ICM, therefore, billing must be held until discharge occurs to define the thirty day period subject to increased involvement. The length of the contact is unlimited.

DATE: 5/20/95

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MENTAL HEALTH

POLICY CLARIFICATION

CONTROL #: FB-08

SUBJECT: Involvement of Student's or Interns in FBMHS

ISSUE: Are students or interns permitted to work in FBMHS?

CLARIFICATION: Regulatory Base: Draft Regulations 5260.23

A graduate student enrolled in a human services, master's degree program can be added to a team as a mental health worker. If the graduate student is employed as a team member by the FBMHS program, the agency may bill for the units of service performed by the individual. An undergraduate student enrolled in a human services degree program may work for FBMHS as an aide. The FBMHS program would not bill for the units of service performed; however, the salary costs associated with the position would then be included in the 5% - 10% family support services budget and may be part of the unit cost. A student or intern who does not receive a salary from the FBMHS program or who does not meet minimum education requirements may not be included in billing units of service.

DATE: 5/20/95

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

AUG 01 2000

POLICY CLARIFICATION

CONTROL # FB-09

SUBJECT: Family Based Mental Health Services Training Requirement

Question/Issue:

- 1) How many training days are required per FBMH staff?
- 2) Can a FBMH provider restrict the training to only employees who have worked in the program for at least six months (due to high staff turnover) or must they all participate?

Clarification:

- 1) OMHSAS requires FBMH staff to attend a minimum of 17 days of training per year. The FBMH rate developed for each program is based on several factors, including a minimum of 17 days per year/per staff of training.
- 2) All FBMH clinical staff are required to receive the training. Training may not be restricted only to employees who have worked in the program for six months.

Date Issued: 7/31/00

Signed: Jerry Kopelman

Jerry Kopelman
Director, Bureau of Policy and
Program development

bcc: Ms. Zelch
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Ms. Foltz
Ms. Johncour
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Ms. Gladstone

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

POLICY CLARIFICATION

CONTROL # FB-10

SUBJECT: Family Based Mental Health Services Training Requirement

Question/Issue:

Is the FBMHS Program Director required to attend mandatory FBMHS trainings?

Clarification:

Yes. Draft Chapter 5260 "Family Based Mental Health Services for Children and Adolescents", Section 5260.31 (6) requires FBMHS providers to ensure that staff persons attend training as required by the Department. The intent of this requirement is for all staff, including the program director, to complete the required core training.

Although not specifically stated in the draft regulations, OMHSAS recommends, as a best practice, that the director routinely attend the clinical training for staff to gain an understanding of staff members' clinical competence.

Date Issued: 7/15/02

Signed: Jerry Kopelman
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Director, Bureau of Policy and
Program Development