

Summary of PA DHS policies & procedures regarding EPSDT & BHR Service delivery

Since 1992, any child in Pennsylvania has been entitled under the law to "Early and Periodic Screening, Diagnosis and Treatment" (EPSDT) services which include diagnostic testing for the purpose of uncovering a disability that may require treatment. These services are now referred to as "Behavioral Health Rehabilitation Services for Children and Adolescents" (BHRSCA).

When diagnostic testing by an appropriately licensed professional (psychologist, psychiatrist, medical doctor, etc.) reveals a disability in a child, that child's parent may make an application to the State Department of Human Services (DHS), via the local county office, for the child's receipt of Medical Assistance (MA) benefits. If the evaluation meets the criteria set by DHS, the child's parent can obtain MA benefits for that child (as a "Disabled Child Only"), regardless of family income. "School" psychologists can help with the process of establishing eligibility for MA benefits, but they cannot prescribe *treatment*, so their evaluations cannot be used to obtain any particular *services*.

The granting of MA eligibility can be made *retroactively* up to 90 days in the past, so that the providers of service to the child can be compensated at the Medical Assistance "fee schedule" rate for such services, including up to 5 hours for the initial diagnostic psychological evaluation, and Therapeutic Staff Support (TSS) services, Behavior Specialist Consultant (BSC) and Mobile Therapy (MT) services.

OMHSAS Bulletin 16-09 (7/1/2016) states that DHS will prior-authorize TSS service during the period of "presumptive eligibility" (prior to a child's enrollment with a Managed Care Organization) in accordance with Medicaid and other regulations – *but only for children with Autism Spectrum Disorders who require Applied Behavior Analysis (ABA) treatment*. This discriminatory practice is better than the 10+ years of obstruction that preceded it. Formerly, DHS refused to review requests for any TSS authorization, claiming that only a Behavioral Health Managed Care Organization could make such a ruling. This caused delays in TSS authorization for *months*. Here is the relevant text:

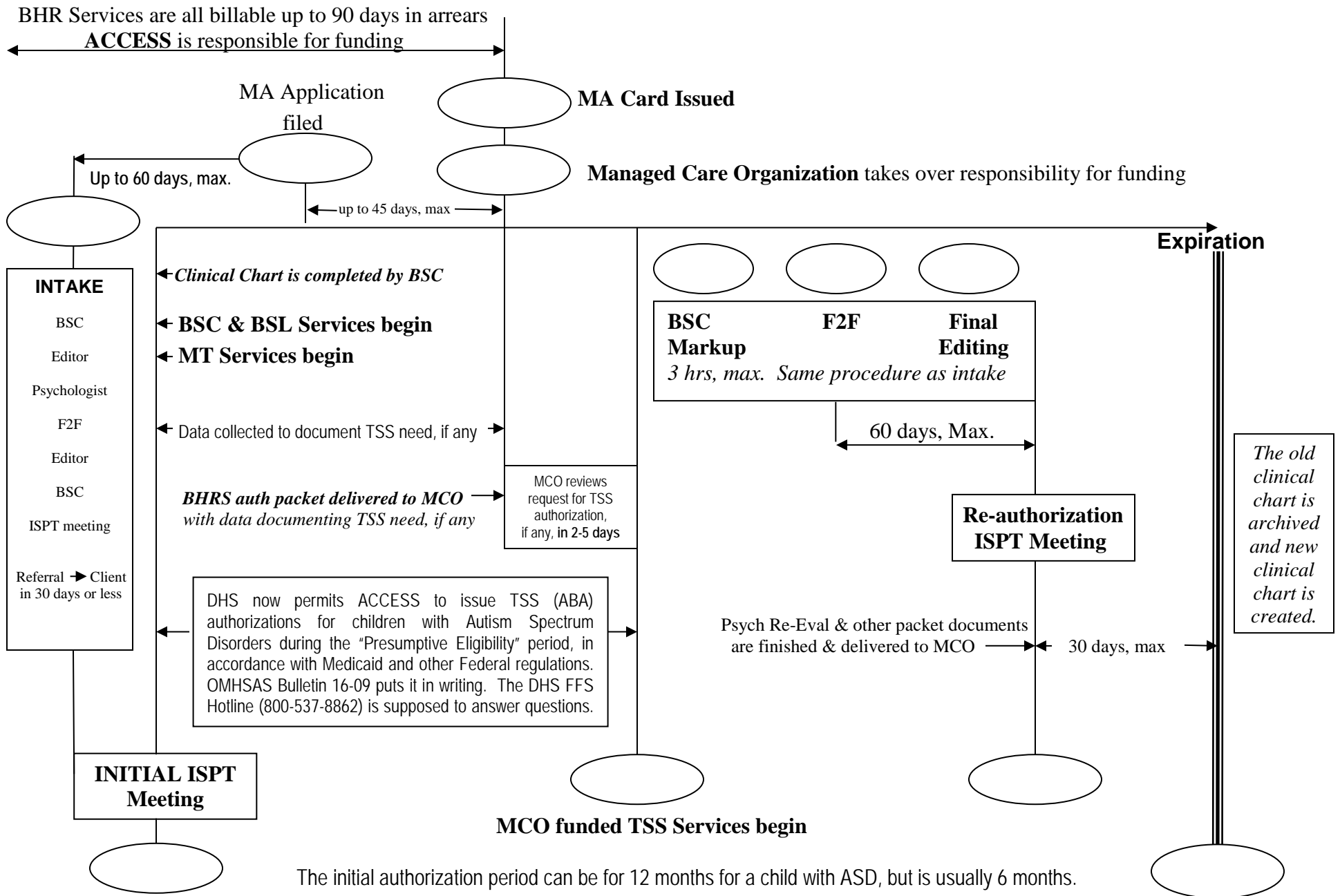
Providers seeking prior authorization of requests for TSS services to provide ABA in the FFS delivery system may submit the request online, by telephone, or faxed to the Department. Providers should contact the FFS Provider Service Center at 1-800-537-8862, Monday through Friday 8:00 am to 4:30 pm, if they have a question about submitting a request for prior authorization of services.

In this way, TSS (ABA), BSC and MT services, prescribed by a MA-enrolled licensed practitioner in accordance with DHS bulletins, policies and procedures can be delivered and paid-for through the state's ACCESS system without excessive delay in the delivery of these services to the child. BSC and MT services require no prior authorization and can begin immediately after the ISPT finishes.

The denial of funding for competently-prescribed TSS (ABA), BSC and MT services can only be implemented after the initial (Fee-For-Service) period of the child's BHR service prescription has expired. Responsibility for continued funding of TSS (ABA), BSC and MT services that were implemented during the "90-day Presumptive Eligibility" period (before MA eligibility is established) then falls to the BH-MCO, which must continue to fund all existing BHR Services for the remainder of the initial authorization period, which may be up to 1 year for a child diagnosed with ASD.

It is the responsibility of the provider of BHR Services to promptly notify the BH-MCO that its new client has been receiving BHR Services, and to supply documentation of this as required.

BHRSCA Time Frames – Pennsylvania



INTAKE FORM

Child's Name: _____ County: _____

Done Date

- _____ Family contacts NBC for help by filling out Referral Form from IBC website & mailing or faxing it to our secure fax machine.
- _____ EVS check to confirm MA status. If *active* MA exists & the child lives in Chester County, take name & phone & refer to CCBHO.
if MA doesn't already exist, someone helps the parent complete the MA application packet before doing anything else.
- _____ **Clinical Coordinator** does MA eligibility evaluation if BHRS does **not** appear necessary but child does have MH disability symptoms.
If BHRS appears to be necessary (and child does not have active MA eligibility):
 - **HR Coordinator (HRC)** checks if a BSC is available if BHRS is necessary. **BSC Assigned:** _____ **Date:** _____
- _____ **Clinical Coordinator** (psychologist) schedules Initial BHRS intake with an available Behavior Specialist Consultant (BSC)
 - BSC contact with parent occurs **within 5 days** after referral form is received (through direct contact or correspondence).
 - If BHRS seems needed, the BSC collects data using the *Parent Information Questionnaire for Psychological Assessment* form
- _____ **Clinical Coordinator** schedules Intake Psychological evaluation (*psychologist gets draft packet 5 days prior to face-to-face visit with child*).
 - **Clinical Coordinator** schedules psychologist's face-to-face meeting AND the ITM for the same day, ½ hour later, and monitors their completion.
 - **Clinical Coordinator** invites County CASSP to attend ITM at family home via fax of Plan of Care Summary form 5+ days in advance if no MA exists
- _____ BSC sends draft BHRS packet to **Editor** who distributes drafts for peer review and other editing as necessary.
 - **Editor** sends BHRS draft packet to Intake Psychologist **at least 5 days before** psychologist's scheduled visit with the child.
- _____ Intake Psychologist completes face-to-face visit with child. ITM with BSC begins shortly thereafter. BSC gets necessary signatures.
- _____ All ITM documents are delivered to **HRC**, supervising psychologist & re-eval psychologist assignments are delivered to psychologist(s).
 - BSC creates the initial Client Chart within 30 days after Referral Form was received (*evaluation completed, ISPT held, BSC &/or MT have started, etc*).
 - **HR Coordinator (HRC)** assigns a BSC and/or MT and begins tracking of BHRS delivery (**HRC** adds data to Excel spreadsheet)
 - _____ Begin BSC
 - _____ Begin MT
 - _____ Begin TSS **after authorization received**
- _____ BSC revises initial BHRS packet within 21 days to reflect non-ASD TSS service need, if any.
- _____ **HRC** transmits MA application to County Assistance Office (*within 45 days of the **initial** Psych Eval date*).
- _____ MA card issued (EVS checked 2x/week to make certain we discover the MA eligibility date asap and **HRC** adds it to The Rudder)
 - bill ACCESS for data collection, original & revised psychological evaluations, BSC and MT when MA ID # is issued
- _____ **HRC** delivers current BHRS packet to MCO within 2 days after MA ID # is issued. Revised BHRS packet (with TSS added) is sent **2 days later**.
 - If NBC is unable to provide BHRS as prescribed within two weeks, HRC notifies MCO and offers Share-Transfer list option to parent (*repeat as necessary*).
- _____ Begin billing MCO for existing **BSC** and/or **MT** services. Submit revised BHRS packet to MCO for non-ASD TSS if necessary.
- _____ MCO authorizes prescribed services or we file a Grievance/Fair Hearing. If TSS is authorized, TSS is added to The Rudder

Intake Procedures – tasks occur in the order presented in each column. Columns are continuous from left to right.

<p>Receive Phone Call from parent asking for help. Refer to IBC website Referral Form.</p> <p>Receive completed Referral Form from parent</p> <p>EVS check for MA enrollment.</p> <p>HR Coordinator (HRC) calls parent to acknowledge receipt of Referral form within 24 hours.</p> <p>If child IS already enrolled in MA and lives in Chester County, refer parent to CCBHO. We stopped providing services to children living in Chester County in October of 2017.</p> <p>If child does not live in Chester County, continue below:</p> <p>Intake interview: Clinical Coordinator provides information about other types of services that may be of interest to the family; refer for crisis service if the child has an emergency need for help.</p>	<p>Facilitate MA enrollment if it has not yet been achieved.</p> <ul style="list-style-type: none"> Assess whether BHRS is likely to be needed and useful: <ul style="list-style-type: none"> If so, HR Coordinator (HRC) assigns BSC to do BHRS intake. If not, assign a BSC to collect data for Medicaid Eligibility evaluation (1 page report). If the child is disabled and could potentially benefit from Medicaid enrollment but does not seem to need BHRS, <ul style="list-style-type: none"> or if BHRS cannot be delivered by NBC: <p>deliver necessary paperwork to obtain MA eligibility to family and provide recommendations for filing it efficiently.</p> <p>If BHRS is probably needed and NBC could probably provide it, the plan is to do all work necessary to hold ITM within 20 days of the receipt of the Referral form, so...</p>	<p>If BHRS is probably needed & NBC could provide it:</p> <p>BSC begins data collection using the Information Questionnaire for Bio-Psycho-Social Evaluation within 5 days of Referral.</p> <p>BSC writes draft BHRS packet. Peer editing process and review completed. Packet delivered to intake Psychologist within 15 days of Referral.</p> <p>Clinical Coordinator schedules Psychologist's face-to-face meeting AND ITM AND County CASSP Coordinator visit to expedite commencement of BHRS asap.</p> <p>BSC chairs ITM within 20 days of Referral. BSC gets all signatures so BSC & MT can begin when ITM is done and TSS (ABA) can begin as soon as DHS has authorized it.</p> <p>ITM documents delivered to HRC by BSC. BSC assembles client clinical chart within 21 days of Referral.</p> <p>HRC begins tracking BHRS (BSC/MT) delivery via Excel spreadsheet & adds TSS (ABA) after DHS authorizes it.</p>	<p>BSC continues collecting behavioral data. School data collected if TSS seems to be needed there.</p> <p>Confirm parent (and school) consent and intent to collaborate for TSS service if it is needed.</p> <p>Revise Psychological Evaluation Report (PER) and other Packet data to reflect need for TSS.</p> <p>BSC holds ITM in school for revised Treatment Plan if TSS services will be delivered there.</p> <p>Deliver initial PER to County Assistance Office with MA application requesting retroactive start date (up to 90 days in arrears). PER date cannot be more than 60 days prior to ISPT date.</p> <p>A 45 day clock starts from the date that the MA application is delivered to MA office.</p> <p>HRC contacts State Rep, Senator, etc if 30 days passes and MA eligibility remains unestablished.</p>	<p>Monitor EVS 2x/week to be sure we identify the date when MA benefits begin.</p> <p>DHS issues MA enrollment notice to parent & updates EVS.</p> <p>ACCESS funds TSS (ABA), BSC & MT (and all evaluation time) before BH-MCO gets the original BHRS packet within 2 days after EVS confirms MA enrollment.</p> <p>BHMCO receives revised PER with revised TSS prescription 2 days after the original BHRS packet was delivered.</p> <p>BHMCO gets 2-5 days to approve revised BHRS packet, including revised TSS authorization if any.</p> <p>BSC & MT services are already approved by default.</p> <p>BH-MCO takes over funding for all BHRS, including TSS if any.</p> <p>Preparation begins for BHRS reauthorization since the current authorization will expire in 90 days (initial authorization is 6 months).</p> <p>HRC tracks BHRS delivery and sends all necessary alerts to assure staff's timely compliance with all BHRS time frames.</p>
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The Institute for Behavior Change

A 501(c) (3) Nonprofit Foundation Federal EIN: 23-2935316

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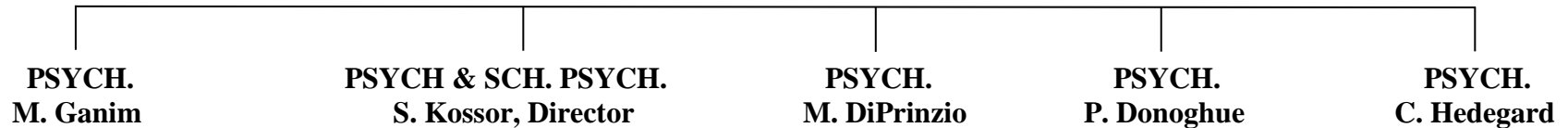
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All Therapeutic Staff Support (TSS) providers are supervised weekly by MA-level MH Professionals. BSC and MT providers are supervised by Licensed Psychologists.

The Network for Behavior Change, pc

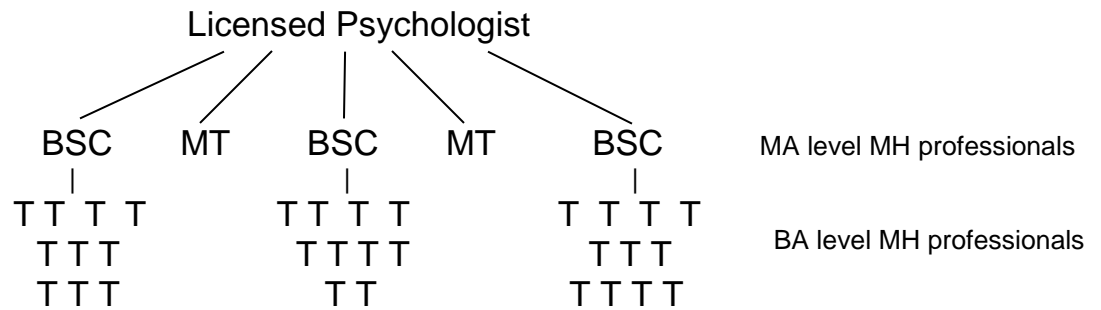


Each Licensed Psychologist can supervise up to 3 “FT equivalents” (120 hours) of BSC/MT providers each week.

Each TSS supervisor can supervise up to 9 “FT equivalents” (360 hours) of TSS providers each week.

Masters Level employees of The Institute for Behavior Change (IBC) provide BSC, MT and TSS services to clients under the scope of practice of licensed psychologists from *The Network for Behavior Change*. A licensed psychologist provides face-to-face supervision to each BSC and MT providing services to clients under the psychologist’s scope of practice. Each licensed psychologist signs an Agreement with *The Network for Behavior Change* stating that they agree to take “full and complete professional responsibility” for all services provided to clients by persons under their scope of professional practice. Masters level mental health professionals supervise Bachelors level service (TSS) providers (at least ½ hour per week for those delivering under 20 hours of service per week and at least 1 hour per week for those delivering 20 or more hours of service).

The Institute for Behavior Change provides in-home and in-school behavioral treatment and mental health services to children and adolescents, especially those with developmental delays, in Pennsylvania. All services are delivered under the scope of practice of professionally licensed psychologists (members of *The Network for Behavior Change*). Each psychologist supervises up to 3 full-time equivalents (FTEs) of BSC and MT providers (delivering up to 120 clock hours of **clinical** service weekly), with up to 9 FTEs of TSS providers (delivering up to 360 clock hours weekly) supervised by each BSC.



BSC = Behavior Specialist Consultant MT = Mobile Therapist T = Therapeutic Staff Support provider

BSC meets with family and/or school officials every week and monitors TSS provider’s service delivery. Parents and teachers supply outcome data to BSC weekly regarding frequency and severity of target behavior so that BSC can amend the Treatment Plan as often as necessary and so BSC supervision of TSS providers can be meaningful. MT provides psychological counseling in the child’s home or school. TSS provider implements the child’s treatment plan conscientiously and directly intervenes in the child’s life at home and at school, helping parents and others to respond to the child’s behavioral challenges therapeutically, consistently and more successfully.

Licensed Psychologists provide each BSC with face-to-face supervision as necessary to assure that professional psychological services are delivered to clients at all times. Psychologists supervise MT providers as necessary to assure quality service delivery; supervision time is paid time for IBC staff.

BSC providers deliver individual supervision to each TSS provider (including direct observation of their work) each week. TSS providers can also participate in group supervision. Emergency supervision is available as needed 24/7, including psychologist consultations whenever necessary.

Psychologists meet as necessary to review quality issues.

Each TSS provider receives 15 hours of pre-service training, 24 hours of training in the first six months of employment (including 8 hours of training regarding Autism Spectrum Disorders), CPR-First Aid instruction, and 20 hours of additional training annually.

Each BSC provider receives all training given to TSS, plus ongoing mentoring from experienced BSC providers and three hours of weekly training and supervision from the Director of the Network for Behavior Change in the first three months of employment, and at least 20 hours of training annually (including all TSS training, specialized training in Autism Spectrum Disorders, and supervisor effectiveness training in the first six months of employment).

BSC earns \$27 to \$30 hourly; MT earns \$25 to \$27 hourly; TSS providers earn \$15 to \$16 hourly as *employees*, not “1099” Independent Contractors except in very unusual, rare circumstances.

Employees who average 30 or more hours worked per week are eligible for health insurance benefits, including dental and prescription coverage and other benefits.

Fast answers to frequently asked questions

What *exactly* are these services?

We deliver in-home and/or in-school behavior support to address troublesome behavior of all sorts in children of all ages who receive Medical Assistance benefits and need these services, at absolutely no cost whatsoever regardless of family income. Well-trained and closely supervised professionals deliver these services under the supervision of licensed psychologists *who specialize in the treatment of children*.

Behavior Specialist Consultant (BSC) providers have Masters degrees and experience in the use of behavioral psychology with children. They receive direct face-to-face supervision from licensed psychologists and work closely with parents and teachers to design and monitor the child's Treatment Plan. They supervise the TSS providers who implement the Treatment Plan on a day-to-day basis.

Therapeutic Staff Support (TSS) providers have Bachelor's degrees and deliver 1:1 support to children according to a written Treatment Plan. They remain with the child for several hours at a time (typically between 10 and 25 or more hours per week). They give advice to the child, correct misbehavior therapeutically, and prevent the child from taking steps in the wrong direction. They work closely with parents and teachers to help the child to be more successful at home, at school and in the community.

Mobile Therapist (MT) providers have Masters degrees and work under the direct supervision of licensed psychologists. They provide in-home and in-school psychological counseling to the child, and meet with parents, teachers and other involved adults to help the child to develop a healthier self-image, learn more mature social skills, and improve interpersonal relationship skills.

Program Specialists have Masters degrees and experience with diagnostic educational, intellectual, and behavioral assessment instruments. They work under the supervision of a Certified School Psychologist and perform diagnostic evaluations of children in schools.

Licensed Psychologists are licensed for the independent practice of psychology in Pennsylvania. They are all specialists in developmental and child psychology, and take full and complete responsibility for the professional services delivered by persons under their supervision.

Are these services *effective*?

Our outcome data, based on over **500** treatment records selected at random between 2002 and 2007, show success rates between **74%** and **82%** addressing **physical aggression, communication deficits, personal safety issues, compliance with adult prompts** and **socialization deficits**. Our staff were delivering these services in 1981 -- *more than 10 years* before any other provider in Pennsylvania, and we've consistently earned the highest praise from parents, advocates, *and even Managed Care Organization officials* for the quality and integrity of our work, so we can probably help with just about any situation in this field that confronts a child. Call us *anytime* at 610-524-8701 x 160.

If my child must have Medical Assistance (MA) to get these services, IS my child *eligible* for Medical Assistance?

If he/she lives in Pennsylvania, is under 21 years of age, and has a disability, your child is ***almost certainly*** eligible for Medical Assistance benefits. It costs you *nothing* to ask. Please call anytime: 610-524-8701 x 160 for more information.

How long does it take to get an evaluation from you to determine my child's eligibility for MA benefits?

Provided that your child is a Pennsylvania resident under 21 years of age with a disability and without Medical Assistance benefits, the evaluation can be completed in your home in a few hours, and the written report of the evaluation can be delivered to you in less than 30 days.

Who performs this evaluation?

A trained mental health professional will ask the questions, write down your answers and help you respond to the behavioral rating scale. A licensed professional psychologist and Certified School Psychologist will meet with your child face-to-face and complete the evaluation.

What does your evaluation involve?

About one to two hours of your responding to questions about your child, completing a brief behavior rating scale about your child's typical behavior, and having the child meet briefly face-to-face with a licensed psychologist. The psychologist's finished report can usually be delivered to you in less than 30 days. It will be about 10-15 pages long and will cover everything that any insurance company, funding agency or treatment service provider in Pennsylvania could possibly want.

Besides getting MA benefits, does your evaluation have any other uses?

Yes. Our evaluation report can serve **four additional purposes *simultaneously***:

1. Establish eligibility for Early Intervention services if your child is under the age of 5 and has a significant developmental delay.
2. Determine your child's entitlement to special education services in school.
3. Establish your child's entitlement to BHR ("wrap-around") services (professional behavioral support services in your child's home or school) if your child has a need for these services.
4. Create an integrated, individualized behavioral Treatment Plan for your child that will be acceptable to *any* Managed Care Organization in Pennsylvania for delivering "wrap-around" services if they're needed.

Is there a waiting list for these evaluations?

No. If your child needs help, call us: 610-524-8701 x 160. **We can usually get started in less than a week.**

Is there any cost for these evaluations?

Unless the State decides to charge a co-pay for these services, the cost is paid 100% by the State of Pennsylvania's Medicaid program, regardless of family income, if your child is found to be eligible for Medical Assistance benefits. The co-pay, if any, will be disclosed before any services start and would only apply to families where the income is higher than the Federal Poverty Level (FPL).

If we don't believe that your child qualifies for Medical Assistance benefits, we will tell you so *before* the evaluation, so there will be no cost to you in any case.

If you want a **different** type of evaluation (academic achievement, intelligence, personality), we can also help you, but there will be a cost to you (that *may or may not* be reimbursable in whole or in part by your private insurance company).

What if I already have Medical Assistance benefits for my child?

Unless you live in Chester County, we can evaluate your child. We stopped working in Chester County in 2017.

Our staff provide treatment services to children in their homes, schools and communities in Bucks, Berks, Delaware, Montgomery and Philadelphia Counties.

Because we started delivering these services about 10 years before **any** other provider in Pennsylvania, and have worked with children as young as 18 months of age, we can probably help you work-through just about any obstacle placed your path toward obtaining the benefits that are a Civil Right for the vast majority of children with disabilities who are living in Pennsylvania, *regardless of their family's income*.

Please call us *anytime*: 610-524-8701 x 160